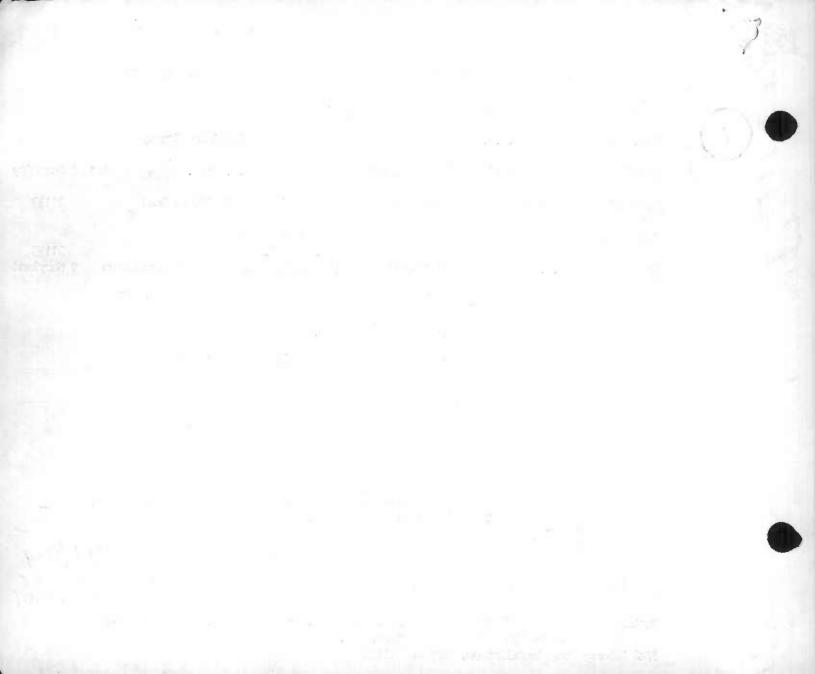
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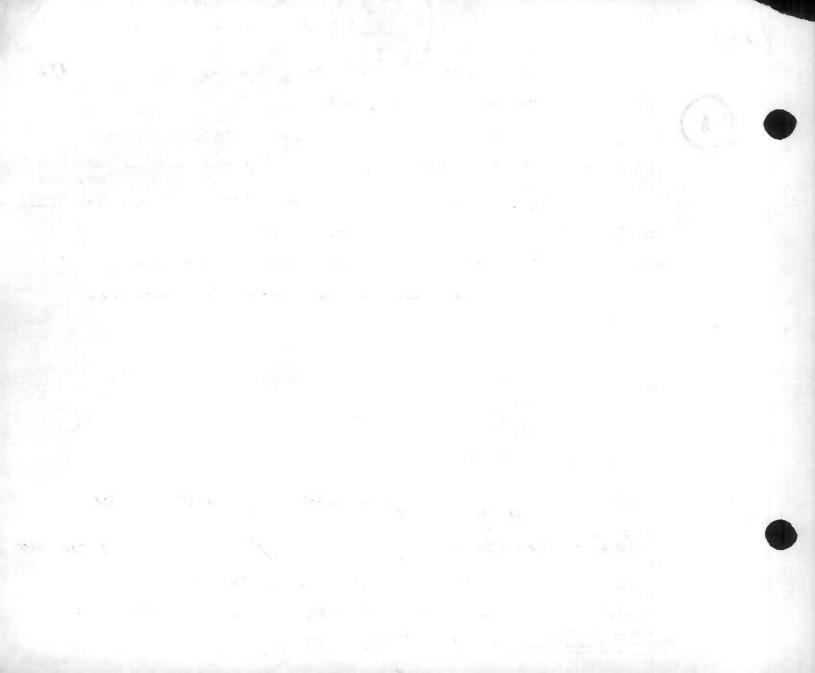
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ſ	3 SEX		4.	RACE		5. DATE C		6. AGE (IN YEARS LAS		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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74	70 BIF	RTHPLACE (STATE ORFO	DREIGN 78	CITIZEN OF W	HAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY O	F DEATH	
1		ennsylvania		U.S.A.		WIDOWE		Baltimor			MD.
56		TY OR TOWN OF DEAT	TH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MG	ST OF WORKING LIFE!	INDUSTRY	f BUSINESS OR al Securit
-	USUA	landallstown LL RESIDENCE (IF NURSIF	NG HOME OR O	THER INSTITUTION, G	re County	ADMISSION)				Suite	ii securio
35	130 5	TATE Sarvland	Balti	Y	Randall	N	13d. INSIDE CITY LIMITS?	3710 Off			21133
	14 FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME	F	1AST	
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1		AS DECEASED EVER I		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFPIRSANTANNE E.	. nogers	DRESS		21133
1	Y	es	W.W.I	I	168–16–	2548	3710 Offutt	Road	Randalls		? Marylan
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29		PART 2 OTHER SIGN	IFICANT CO	19b. CONDIT	NTRIBUTING TO E	DEATH BUT	n was performed	20a AUTOPSY?	206. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
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89		PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UNDED OR CONTRIBUTING CIFETHER NOTIFE MEDIC 21d INJURY OCCURR WHILE NOT WHILE	IFICANT CO	IPB CONDIT	INTRIBUTING TO E INJURY MONTH DA FINJURY ET, FACTORY, OFFICE, F. deceosed from	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY? YES NO NO RED (ENTER NATURE OF	20b. IF YES, VIN CERTIFY II YES INJURY IN ITEM 18 PART	WERE FINDING CAUSES TIORPART 2)	NGS USED OF DEATH? NO STATE
89		PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UNDIO OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 22a.1 certify that (1) (saw the decease above, (1) (wes) (d) 22b. SIGNATURE	IFICANT CO	21b. TIME OF HOUR A.M 21c PLACE O (AT HOME STREE) view the body o	INTRIBUTING TO E INJURY MONTH DA FINJURY ET, FACTORY, OFFICE, F. deceosed from	OPERATIO AY YEAR 19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET And that in (my) (**) Opinion DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? YES NO RED (ENTER NATURE OF	206. IF YES, VIN CERTIFYIN YES INJURY IN ITEM 18 PART	WERE FINDING CAUSES TIORPART 2)	NGS USED OF DEATH? NO STATE That (1) (ma) last causes stated
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DIVISION OF VITAL RECORDS,



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) Albert ROMINSKI SEPTEMBER 4,1984 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 7 SEX 4 RACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED [17h KIND OF BUSINESS OR MOST OF WORKING LIFE) INDUSTRY 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: METASTATIC LUNG CARCINOMA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO IT 7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY {AT HOME, STREET, FACTORY, OFFICE, FARM, ETC } NOT WHILE 22a.1 certify that (this haspital) attended the deceased from AUGUST saw the deceased alive an and that in ((aur) apinian death occurred on the date and hour and fram the causes stated abave, (we) (did) (did) ot) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN 22e ADDRESS 274 PHYSICIAN'S NAME (TYPE OF PRINT) 9000 FRANKLIN SOUARE DR..

DHMH - 16 50M 4/83 (VRA 15, 4)

ESTER BANKS 230 BUMAL CREMATION, REMOVAL 23b. DAT NAME OF CEMETERY

MARKACH CONTRACTOR OF THE STATE Rossing Francish Doors Hosp 12711ES makes the contract of the second of the seco VES AND STEPPING HELDS KONDERN THE SERVEST. BURNEL WAS BUT SPICEMED = LEWINDER F A MILLS OF THE STATE OF THE STA



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by the		TOWSON	1/	Greate:	C'UTY, GAK STR	imore N	Medical Cen.	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Sales /XX	OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Record Stor
satismore, martiano 2120 cote be executed within 24 hours vision and completely filled in b opers. Pages 1 and 2 shauld be fill wol. 11, the medical examine (must be	13a S	Md	COUNTY		e residence bef CITY OR TO Baltin	NWC	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3660 Kest	zip code wick Roa	d 21211
ompletely lond 2 s		Arthur F.			LAST	CHRITYANA	Alice	MIDDLE	DECC	EAST
be exect on ond or s. Pages		VAS DECEASED EVER IN VES NO OR UNKNOWN) NO	(IF YES, GIVE W	VAR OR DATES!	552 14		Naomi Belz	same	KC33	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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The low requicion. The low requicion. The hos been hast permit. If you have a prior it is shown only in it.	CERTIFICATION	190 DATE OF OPERATE			377	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NO	IN CERTIFYIN	
HOSPITAL OR ATTENDING PHYSICIAN sined by the haspital or ottending physicians build be detached for use as the buriol-transition of the State Dept. of Health and Mental its PORTANT: if them 21 is marked at them 18	MEDICAL CE	276, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICA AT WORK NOT WHILE AT WORK NOT WHIL	LUSE OF DEATH LEXAMINER) D E LI LI LI LI LI LI LI LI LI	P.M. 21e PLACE OF (AT HOME, STREET	MONTH INJURY FACTORY, OFFICE or death.	19	211. LOCATION STREET 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS M.C.	death occurred on the	dote and hour of	country state
ВР	1	BURIAL, CREMATION, RI SPECIFY) Burial JNERAL DIRECTOR	EMOVAL	236. DATE 9/19/84			Cemetery Cemetery 1250 DA	23d LOCATION CITY OF TOWN Baltimo TE REC'D. BY REGISTRA	re	OUNTY STATE Md R'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Burgee Funeral Home, 3631 Falls Road 21211

Baltimore Md

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

SCD 1 0 1004 Julia Davidon-Royal

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BEATH

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	1 -	FOR STATE REGISTRAR		DEPART		HEALTH AND MENT		REG. NO	2 3	11	2
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		18 CAUSE OF DEATH	(Enter only one cous	e per line for (a), (b), on	d (c)		NO.			BET WEEN O	MATE INTERVAL DNSET AND DEATH
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			DUE T	O, OR AS A CONSEQUE				- Allino			
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		couse (a), stating		O, OR AS A CONSEQUE	ENCE OF						
			(:)(1)							
	z	PART 2. OTHER SIGN	FICANT CONDITION	NS CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO T	HE TERMI	IN AL DISEASE OR CON	DITION GIVE	V IN PART 110	,
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	0	OR CONTRIBUTING C	AUSE OF DEATH HOU	R A.M. MONTH D.							
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		sow the deceased	d olive on	ed the deceased from _	34	and that in (my) (our)	opinion d	leath occurred on the do	ite and hour o		
		obove, (I) (we) (di	d) (did not) view the	body offer death.		DEGREE				22c. DATES	
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		DR. R.	FAWCETT			GBMC					
		BURIAL, CREMATION, R	EMOVAL 236. DAT	E 23ς. Ι	NAME OF C	CEMETERY OR CREM	ATORY	23d. LOCATION			
		Burial	9.	28-84 D	ruid	Ridge		Pikesville	R:	alto.	Md.
		UNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAR	25h REGISTE	AR'S SIGNAL	Hindell
	Mit	chell-Wied	efeld Home	e, 6500 Yor	k Rd.	21212	OC	T 2 1084	GWILLIA		The second second

OCT 2

DHMH - 16 50M 4/83 (VRA 15, 4)

INTORIANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remove carbandape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

TO FUNERAL DIRECTOR. After this certificate has been signed

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		EGISTRAR				CERTIF	ICATE OF DEATH	0	REG.	NO.	12311	336	Sile
1		ASED NAME	FIRST		MIDDLE	ı	AS1	2a DA	TE OF DEATH	HINOM	DAY YEA	R 2b H	IOUR
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/	3. SEX			4. RACE		S. DATE C		6. AGE	(IN YEARS LAST	BIRTHDAY)	MONTHS D	EAR IF UN	NDER 24 HRS
		FEMALE		WHITE		MAY			72	YRS.			
d	7e. BIRT	HPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALT	IMORE CITY	OR COUNTY	OF DEATI	d	
		W YORK		US		WIDOWE			LTIMO		UNTY		MD.
		OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADORESS)	OR OTHER INSTITUTION		UAL OCCUPA F WORK FOR MOS	T OF WORKING LI	FE) INDUST	TRY	SINESS OR
4		WSON RESIDENCE (# NURSI	NC HOME OF			CHAR	LES STREET		HOUSE	WIFE	AT	' HOM	
ģ	13a. STA	ATE	13b COUN	ITY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?		EET ADDRESS			#21:	
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		underlying couse	lost	(c)_	AGRANUL	-0611	0515					3DAY	5
		ART 2. OTHER SIGN	HEICANT (CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	RMINAL DI	SEASE OR CO	NDITION GIV	EN IN PAR	1110	
	CERTIFICATION	a DATE OF OPERAT	ION	TINK COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?	120h JE YE	S, WERE FIN	IDINGS I	ISED
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a a	E 7	10. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c. HOW INJURY OCC					_	<u> </u>
		OR CONTRIBUTING C		III	.M. MONTH DA .M.	AY YEAR	279						
	MEDICAL	M INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION		CITY OR	TOWN	COUNTY	2011	STATE
		WHILE NOT WHI	ILE	(AI HOME ST	REET, FACTORY, OFFICE, F	ARM ETC.)	SINCE		CIII OII				37.41
-	2	20.1 certify that (1)	(this hosp	tob attended th	ne deceased from	349-C	, 17		9-1		19_84		1) (we) lost
	14	above, [1] (welld					nd that in (my) (our) opinio	on death oc	curred on the	date and hou			
	2	26. SIGNATURE	10	/	Ma		DEGREE ATTENDING	MEDI	CAL ST	AFF	22c. D.	ATE SIGN	ED
	2	ZI PHYSICIAN'S NA	ME LIVES	O OD (NIT)	11/1)		PHYSICIAN 22e ADDRESS	DIREC	TOR PHYS	ICIAN (2)	1 9	/10,	/84_
	1	HAL CL					GBMC-6701	N	CHARLI	FS STI	REET		
	23a R11			23b. DATE	1 22. N	JAME OF C	EMETERY OR CREMATOR		LOCATION	5 311			
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DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: # Hem 21 is

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD 21215

MAKY LAND

250 DATE REC. D. BY REGISTRAR 256/REGISTRAR'S SIGNATURE
SEP 1 3 1984 Juna Sundson-Mandale

SANDIE FEMALE

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BALTIMORE COUNTY

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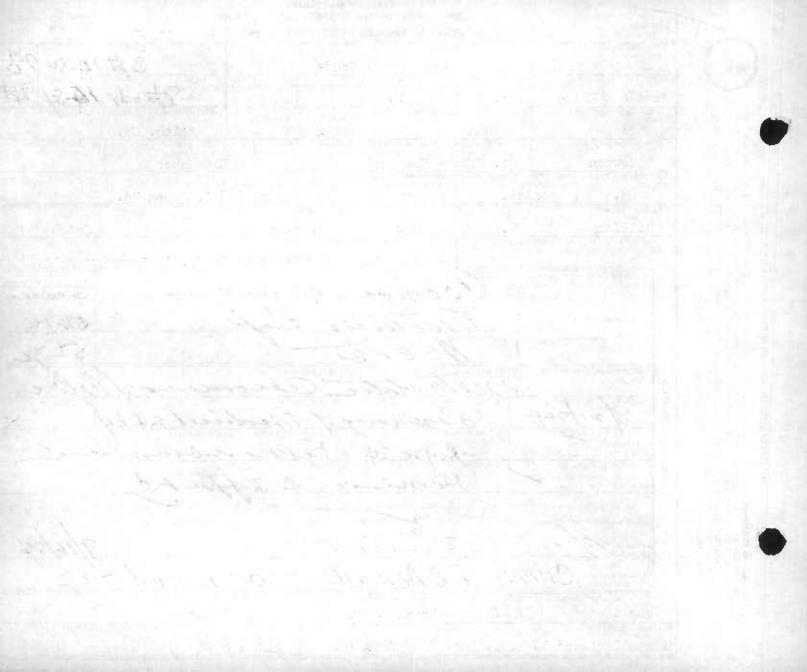
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43/01/2

GBMC-6701 N. CHARLES STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED (TYPE OR PRINT) Helen Cox Sands 4 RACE AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) Female White 6 1914 70 YRS Jan. 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA PA WIDOWED & BAlto. Co. DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK St. Joseph Hospital Towson Homemaker USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 13b. COUNTY 305 E. Joppa Rd. Md. Balto. Towson NO 3 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EAST MIDDLE FIRST William N. Cox Smith Susanna 166. SOCIAL SECURITY NO 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 218-52-3912 No Norris Scott Sands, 212 Donnybrook La. 2120 18. CAUSE OF DEATH (Enter only one cause per R ALONG W NSIT PERMIT. HYGIENE, DI PART I DEATH WAS CAUSED BY: SED AS A BURIAL TRANSILISED AS A BURIAL TRANSILISED F HEALTH AND MENTAL HYGIENE IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION ICATE, WASHED TO THE E FORWARDED TO THE E FORWARDED TO THE PAGE 3 SHOULD BE USED AS TO SEE A TO BURIAL, C 190. DATE OF OPERATION 196. CONDITION F 20 AUTOPSY? 216. TIME OF INJURY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH AT WORK NOT WHILE COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALTIMORE, MARYLAND, 2120) 22a. I certify that I took charge of the remains described above, held am and in my apinian death resulted frame? Natural course Hamicide 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 9/1/84 Cremation Green Mount Baltimore MD 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Mitchell-Wiedefeld Home, Inc. 6500 York Rd. (VR A15 ME (5)) 20M 4/82



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	1			STATE OF MARYLAND		
3	h.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HYC	IENE 4	23116
	Ľ.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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OR ATTOR HE HOSPING THE POSPING THE POSPIN		22b. SIGNATURE	Dow	DEGREE	AAEDICAL STAE	22c. DATE SIGNED,
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TO HOSP etained TO FUNI should bi		FIN-1	n. 1011			
		BURIAL, CREMATION, REMOVAL		231 NAME OF CEMETERY OR CREMATORY	Balto.	MA COUNTY STATE
BP	21.5	Burial	9-18-84	Sacred Heart Jesus		256. REGISTRANDAGIONAL TORRESTOR
DHMH - 16 50M 4/B3		uneral director	Inc. 5305 Ha	rford Rd.	1 8 1984	THE KENDERSHAMENE

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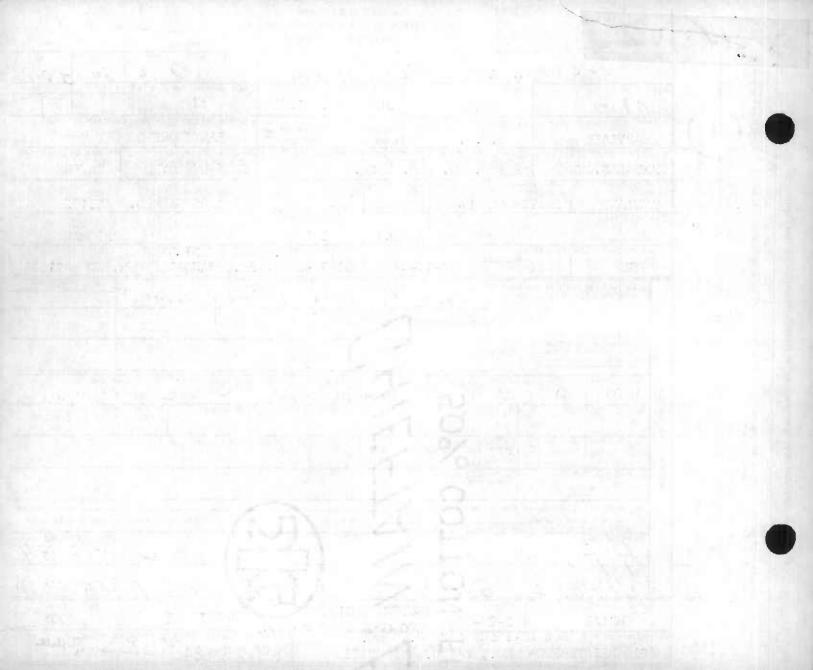
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN TYPE OR PRINTI ROBERT DEATH MATED SCHARON EMANUEL SR. 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF LINDER 24 HRS. 2c. D. LAST BIRTHDAY) Sept. 26, 1900 83 YRS Male. White 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEAT TO BIRTHPLACE (STATE OF MARRIED | NEVER MARRIED U.S.A. WIDOWED X DIVORCED [Baltimore County. Marvland 2, AND 3 TO THE FL 3. RETAIN PAGE 5 SHOULD BE FILED, 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Supervisor Balto, Post Office Apt. 1905 305 E. Joppa Road Towson USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 305 E. Joppa Rd. Apt. 1905 13b COUNTY 13c. CITY OR TOWN Baltimore Towson Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Unknown Scharon Sarah 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 219-07-4530 Mrs. Katharine R. Sands Pompano Beach, F1 XXXXX 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION E DEPARTMENT OF HEA 19a DATE OF OPERATION 20. AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE . D NOT WHILE 220 I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Hamicide Charles F. O'Donnell, M.D. 7501 York Road Towson, Md. 21204 ADDRESS_ 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Mar vland Lorraine Park Cem. Sept. 5,1984 Baltimore. Burial BP 1050 York Road 250 DAJE REGISTRANS BLOWATTIN 24 FUNERAL DIRECTOR **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 4/B3 (VRA 15, 4)

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- STATE

DHMH - 16 50M 4/B3

(VRA 15, 4)

REGISTRAR

DECEASED NAME

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Payroll Manager Sinai Hospital 13 Nightingale Way 21093 MIDDLE DORMANN ADDRESS Mrs. Genevieve D. Schiller same as 13e. 3 MOS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23d LOCATION (SPECIFY)
Burial CITY OR TOWN Timonium, 10-3-1984 Maryland Dulaney Valley 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 2a DATE OF DEATH MONTH

2b. HOUR

IF UNDER 24 HRS

IF UNDER TYEAR



FOR

- STATE

REGISTRAR

I. DECEASED NAME LITYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b. HOUR SCHIRMER 8 84 10:00P M 10 IF UNDER 1 YEAR IE UNDER 24 HR 6. AGE (IN YEARS LAST BIRTHDAY) 83 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County. 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13e STREET ADDRESS / ZIP CODE 5826 Leith Walk 21239 MIDDLE LAST unknown ADDRESS Norbert E. Schirmer 1615 Landon Rd. 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YESX NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 8/10 84 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVAL 23b. DATE

"Cremation

24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Westview

STAFF DIRECTOR PHYSICIAN

Baltimore

8/11/84

COUNTY

Maryland

DHMH - 16 50M 4/83

ADDRESS Ruck Towson Funeral Home, Inc. Towson, Maryland (VRA 15, 4)

8-13-1984



20M 4/82

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DHMH - 16 50M 4/B3

(VRA 15, 4)

FOR STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR			CERTII	ICAIL OI D	LATII	REG. NO).		
1. DECEASED NAME	FIRST	MIDDLE	t	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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3 SEX	STEAL	RACE	5. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY]	ONINS DAYS	# UNDER 24 HRS HOURS MIN.
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14 FATHER'S NAME	A	AIDDLE LAST		15. MOTHER'S	MAIDEN NAM	MIDDLE		LASI	
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160 WAS DECEASED E				17 INFORMA	NT	ADDRE	SS		
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18 CAUSE OF D	EATH (Enter on)	y one couse per line for (a), (b), BY:				-77			MATE INTERVAL ONSET AND DEATH
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24 FUNERAL DIRECTO	R	ADDRES	oS.		% DATE	REC'D. BY REGISTRAR			andell
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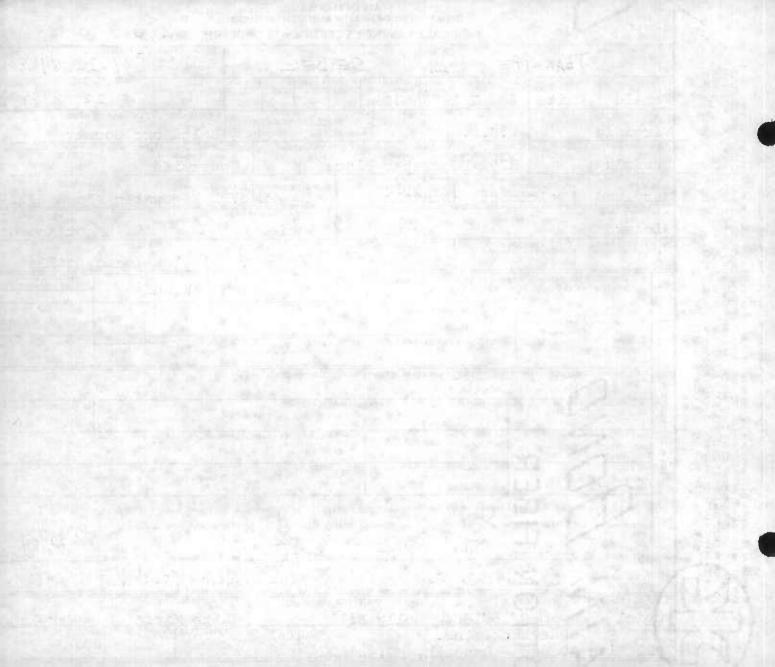
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 2a. DATE 7h HOUR (TYPE OR PRINT) JEANETTE OF ESTI-DEATH MATED AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1906 78 YRS Female White 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Virginia Baltimore County DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS Dundalk Edgewater Place Housewife. USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk No 図 3702 Edgewater Place 21222 Marvland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Richard Beverly not Known Annie 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWNI (IF YES GIVE WAR OR DATES) 216-66-3970 as 13e George M. Seidel Same No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)" PART I DEATH WAS CAUSED BY: auseass muo-cardial IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION INER: ITALS.

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CTOR: PAGE 3 SHOULD BE USED AS

CTOR: PAGE 3 SHOULD B 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM MONTH DAY YFAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY LATHOME 71f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STI. BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Accident Homicide Undetermined manner Natural causes DATE SIGNED 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Holly Hill White Marsh 9/25/1984 Maryland BP Duda-Ruck ADDRI Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 7922 Wise Avenue Dundalk, MD. 21222



may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEASED NAME EIRS1 MIDDLE LAST (IMPE OR PRINT) W Garner Seim 3. SEX 4 RACE 5. DATE OF BIRTH	REG. NO. 2a DATE OF DEATH MONTH DAY YEAR 25 HOLLR
W Garner Seim 3. SEX 4. RACE 5. DATE OF BIRTH	ta bine or bernin
	September12,1984 6:32
	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
Male White August 11,15	905 79 YRS. MONTHS DAYS HOURS
70. BIRTHPLACE (STATE OR FOREIGN TO LOUNTRY) 10. CITIZEN OF WHAT COUNTRY? 8. MARRIED XX NEVER MARRIED XX NEVER MARRIED XX NEVER MARRIED DIVORCE	Paltimana Country
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	ON 120. USUAL OCCUPATION 12b. KIND OF BUSINES:
Baltimore (# NOT IN SUCH EACH ITY, GIVE STREET ADDRESS) 8322 Bellona Avenue	Gen. Conteactor Construction
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY Baltimore Baltimore 136 INSIDE CITY LIF Waryland 137 INSIDE CITY LIF Baltimore 138 INSIDE CITY LIF Baltimore 139 INSIDE CITY LIF Baltimore 140 INSIDE CITY LIF Baltimore	V 1 0222 Bollone Arro 2120/
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160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
(YES, NO PRUNKNOWN) (1E YES, GIVE WAR OR DATES) 212-22-8581 Mrs. W.G.	.Seim 8322 Bellona Avenue 21204
18 CAUSE OF DEATH (Enter only one couse per and for for lot of die	APPROXMATE INTERV. BETWEEN ONSET AND DI
18. CAUSE OF DEATH (Enter only one couse per limit for the country of the country	est mine
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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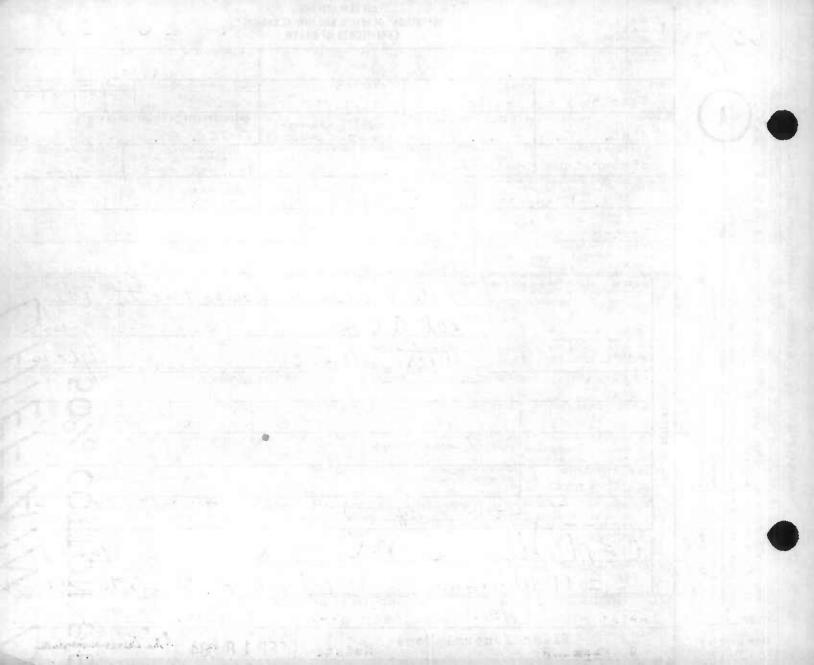
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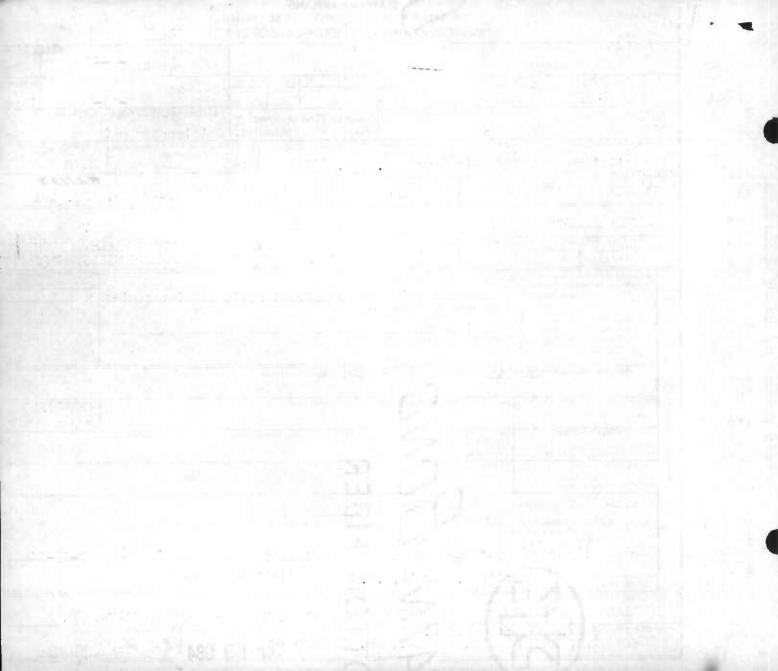
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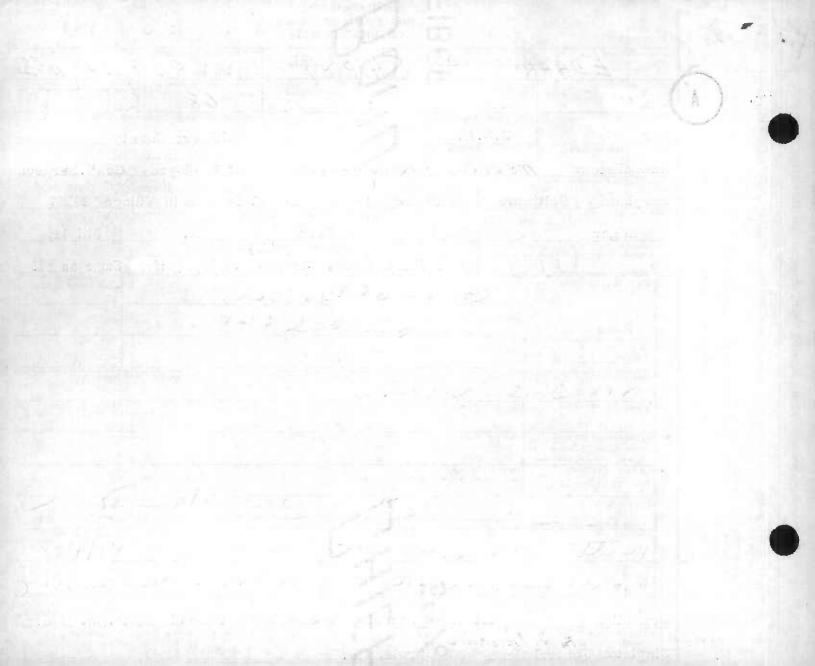
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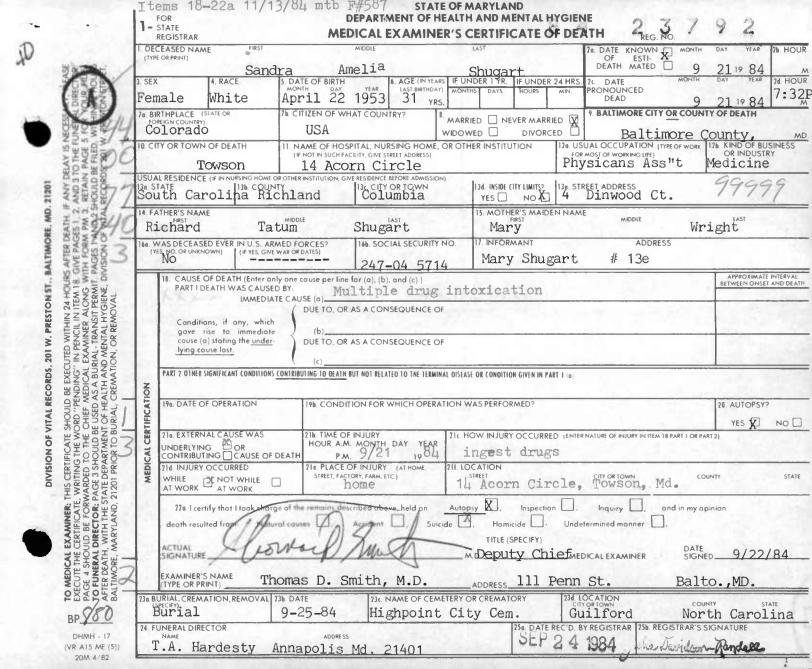


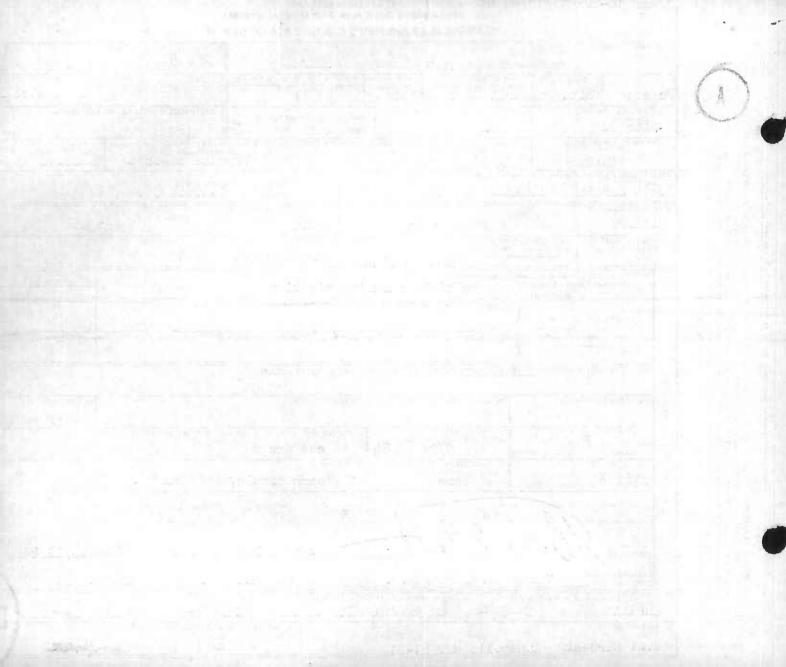
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME Ædgar Roderick MONTH 2b HOUR Shipley LIVPE OR PRINTS September 9, 1984 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 24 HRS 4 RACE 5 DATE OF BIRTH SEX MONTH White 5. 1915 Male Dec. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY U.S.A. Maryland WIDOWED DIVORCED [Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown RIdian Self Employed Gen'l. Surgeon NURSING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Baltimore 7930 Dunhill Village Maryland NOK 21207 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 MIDDIE MIDDLE Edgar Edna Shipley Shipley **ADDRESS** 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Wife) (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 214/38/2151 Mrs. Virginia H. Shipley No Same as #1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 2419 Conditions, if onv. which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (box) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death Dept 77h SIGNATURE 22c DATE SIGNED DEGREE should be detu-ATTENDING MEDICAL STAFF * DIRECTOR PHYSICIAN PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION 23e BURIAL CREMATION, REMOVAL 73b. DATE Sept.12.1984 Security Process, Inc Catonsville Balto. Co. Cremation Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 100/ (VRA 15, 4) Singleton Funeral Home Glen Burnie, Md







STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 3	3 /	7	3	
		CEASED NAME ARLIE		H.	SHUTZ	AS1	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
				По			TAGE	9	22	84 ER I YEAR	# UNDER 24 I	AM
	3 SEX	X	4. RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	IHDAY)	MONTHS			WIN.
9		Male	White		Oct.	. 4, 1886	97 9 BALTIMORE CITY O	YRS		EATH		
		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	MARRIE	NEVER MARRIED						
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0		Towson	6701	N. CHAF	RLES S	STREET-GBMC	TYPE OF WORK FOR MOST OF Supervi	F WORKING	GLIFE) INE	alt.		
5	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO Md. B	or other institution UNTY altimore	13t. CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS . 801 Winte			2122	8	
30		ATHER'S NAME FIRST William	WIDDLE	Shutz		15. MOTHER'S MAIDEN NAM	WIDDIE			Otto	I	
		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS	1.80			
	()	no no or unknown) (# 465.	GIVE WAR OR DATES	212-05-	-2913	Mary C. Shu	tz same as	13 e				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe SED BY: ATE CAUSE (a)	r line for (a), (b), o	PULMON	NARY ARREST					MATE INTERVA- ONSET AND DE	ATH
		Conditions, if any, which gave rise to immediate	DUE TO, C	CONGEST	INCE OF H	HEART FAILU	RE		3	YE	ARS	
		cause (a), stating the underlying cause last.	DUE TO, C	CARDION	YOPAT	ГНҮ				YE/	ARS	
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7	CERTIFICATION	196. DATE OF OPERATION	196 CONE	OITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CER	YES, WER RTIFYING YES [E FINDIN CAUSES	OF DEATH?	
7		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY M. MONTH ['.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM	IS PART I OR	RPART 2)		
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	Į1.	22a. I certify that (I) this has saw the deceased alive	spital) den/22	he deceased from	9/20 84	nd that in (my) (our) opinion of	teath occurred on the d	ate and	_, 19	84	that (I) (we)	last
	Ų.	abave, (1) (we) [did) (did 27h. SIGNATURE	nat) view the bad	y after death.		DEGREE				Zt. DATE	SIGNED	
		(100	1	> Mad		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC			9	/22/8	84
		22d PHYSICIAN'S NAME (14)	0	munce) (6701 N CH	ADITC STR	FFT	- GB	MC		
	23a E	BURIAL, CREMATION, REMOV	AL 23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	ARLES STR		COUN		STAT	_
	1	(SPECIFY) Burial	9/25/	/84	Loudon	Park	Baltimo	re.				E
	74 FU	UNERAL DIRECTOR				25a DAT	E REC'D. BY REGISTRAR	25b. REG	SISTRAR'S	SIGNAT	URE	7
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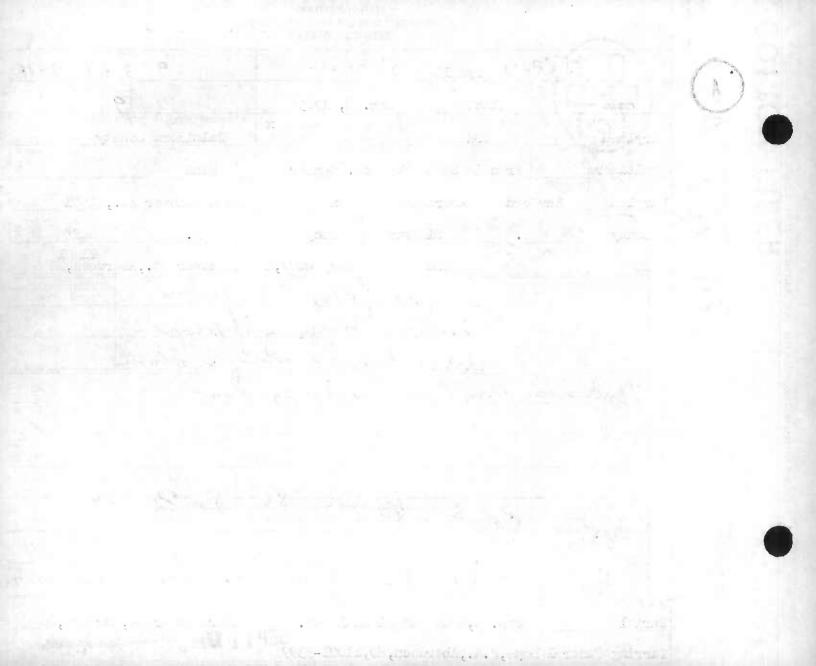
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Albert Sickle, SR. A. 84 30 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1. SEX MONTH ďď. Male Caucasian TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland U.S. Baltimore. County WIDOWED 1 DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Meridian-Catonsville Catonsville Shipper Beverage Indus USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13b. COUNTY 13r CITY OR TOWN 220 Eligateth Ave.Balto.Md.21227 13d INSIDE CITY LIMITS? Lansdowne Baltimore YES [NOX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Sickle Louise Owens ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 824 Sunstrand Rd. 216-09-9157 Jerome A. Sickle APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) MYOCARDIAL INFACCTION DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 10 LECEBRAL VASCULAR INSUFFICIENCY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. (F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIF FITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e. PLACE OF (NJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE dest. 30 22a.1 certify that (1) (this hospital) attended the deceased fram and that in (My) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNAHURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF + FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (THE OR PRINT) 22e ADDRESS John Shaw 5800 Edmondson Ave. Balto. Md. 21228 Shoul with 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION 23m. BURIAL, CREMATION, REMOVAL 236 DATE Howard E1kridge Burial 10/3/84 Meadowridge Mem. Pk. 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 4/83 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

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	FOR STATE REGISTRAR	STATE OF MARYLAN DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE 2 3 7 9 5
Pe Pe	I. DECEASED NAME TERST	15 Lynell SmpSon	20 DATE OF DEATH MONTH DAY YEAR 12 HOUR 1247 PM
ye 4 may	3 SEX Male	RACE S DATE OF BIRTH Black Dec. 8, 1983	YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
eath. Pag	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Maryland	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MA	BALTIMORE CITY OR COUNTY OF DEATH
offer de	0. CITY OR TOWN OF DEATH Baltimore	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Francis Scott Key Med. Center	UTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING YOME OR O 130 STATE Maryland arfo	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y 13c CITY OR TOWN 13d INSIDE CITY TO Aberdeen YES (2) N	CLIMITS? ISE. STREET ADDRESS 109 C Hanover St., 21001
MARYL ted within tind 2 at	Lonny	Simpson Iucy	st MIDDLE LAST F. Huff
TIMORE, be execut an order. S. Poppin	160 WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, SIVE W	/AR OR DATES)	address 21001 Iff,10) C Haover St., Aberdeen, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours retrending physician and completely hither this certificate has been signed by the ottending physician and completely thing in by as the burial-transit permit. Then please remove corbanoppers. Poprint and a theory permit in the please remove corbanoppers. Poprint and a standard hygiene prior to burial, cremation, or remayor.	Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost PARI 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF CC. CC. CC. CONSEQUENCE OF CC. CC. CC. CC. CC. CC. CC. CC. CC. CC	D THE TERMINAS DISEASE OR CONDITION GIVEN IN PART 1101
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TO HOSPITAL OR A Pretained by the hos TO FUNERAL DIREC should be detached with the State Dept IMPORTANT. If Hem	172d. PHYSICIAN'S NAME (19PE OR P	ALTER TRIMO PROPERTY	TENDING MEDICAL STAFF TYSICIAN DIRECTOR PHYSICIAN 9-3-84 WWW S COPT KRY MEDICAL CENTRA
BP	(SPECIFY)	236. DATE / 236. NAME OF CEMETERY OR CR Sep. 8,1984 Angel Hill Cem.	CITY OR TOWN COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUNERAL DIRECTOR	me,P.A.,Aberdeen,MD,21001-3	SPORTS TO THE STATE OF THE STAT



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) LELAND BENNETT 9-21-84 SINCLAIR 8:04 PA 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 4. RACE 3. SEX YEAR MOZH-20-08 76 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE COUNTY USA WIDOWED DIVORCED Marvland 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY NORTH THE CHARLES ST. (GBMC Ship Bldg. Bethlehem Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1131. CITY OR TOWN Steel13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore 814C Cinnamon Ridge Place Cockevsville Maryland 15. MOTHER'S MAIDEN NAME 21030 4 FATHER'S NAME MIDDLE MIDDLE Schackleford Sinclair Thomas Eva 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 213-07-1300 Myldred W. Sinclair, 814C Cinnamon Ridge No Place, 21030 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INFARCTION MYOCARDIAL IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

ART 2	OTHER SIGNIFICANT	CONDIT	IONS CON	MTRIBUTING	TO D	EATH BUT I
	SMOK	(E 3	PPD	UNT	IL	1965

19a DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

220.1 certify that (1) (this hospital) attended the de201ed from 84

abave, (1) (we) (did) (did not) view the bady after death

P.M.

21e. PLACE OF INJURY

216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 19

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OF TOWN

NO

20a AUTOPSY?

COUNTY

206, IF YES, WERE FINDINGS USED

84

YES [

IN CERTIFYING CAUSES OF DEATH?

and that in (my) (our) apinion death occurred on the date and haur and from the causes stated

DIRECTOR PHYSICIAN

STAFF

RALPH W. FAWCET

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DEGREE

ATTENDING PHYSICIAN

23d. LOCATION Westview Crematory

STATE Md.

Cremation-

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an

71d. INJURY OCCURRED

23 BURIAL CREMATION, REMOVAL

22b. SIGNATUR

Catonsville

BY REGISTRAR 75h REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Lawson, 10 W. Padonia Rd.

Via Davidson

Balto.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR киомиХХ DÉCEASED NAME Zo. DATE MONTH 7b. HOUR TYPE OR PRINT) OF ESTI-FILES. Flovd Smith 9-14 1984 Μ. 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. 4. RACE 2d. HOUR SEX IF UNDER 24 HRS DATE 72 YRS. PRONOUNCED 30,191 3:41 White May Male DEAD 1984 9 - 149 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Clearville Pa. X Baltimore County, WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Construction Worker Woodlawn 5500 Dogwood Road HIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. AND 3 TO USED AS A BURIAL - TRANSIT PERMIT. PAGES 1, 2, AND 3 TO USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE INFAITH AND MENTAL HYGIENE, DIVISION OF KITAL RECORDS. IN CREMATION, OR REMOVAL. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto., Md. Balto. 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Md. Sunset Rd Ave. #21207 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME MIDDLE MIDDLE Anthony Smith Elmira Mills Frederick Rd. Balto.Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO Old [YES, NO, OR UNKNOWN] no Mrs. Leona Fatouros 170-12-9662 21229 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL INERS TOUR THE WOLLD FORWARDED TO THE CHI YESXX NO 710 EXTERNAL CAUSE WAS 716. TIME OF INJURY
HOUR XX. MONTH DAY YEAR 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) UNDERLYING XX OR 9-14 CONTRIBUTING CAUSE OF DEATH 7: 30 P.M. 19 84 motorcyclist struck by auto 21e PLACE OF INJURY LATHOME. 211 LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK road 5500 Dogwood Road, Balto. Maryland 226. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Natural causes Spicide Hamicide Undetermined manner TITLE (SPECIFY) 9-15-84 ssistant EXAMINER'S NAME Dennis F. Smyth WM.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Removal Sept.17,1984 Pleasant Union Cem. Clearville, Bedford BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 5/5/ **DHMH - 17** SEP (VR A15 ME (5))

20M 4/82

Removal Sagt. 17, 1964 Planenar Salan Son. Searville, Seaford

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executed within 24 hours ofter

	STATE OF MARYLAND	
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	å
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(1YPE OR PRINT) HARRY F. SMITH SEPT. 28, 1984 3 3. SEX IN D. 4. RACE 1 D. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF U	UNDER 24 HE OURS ME
3. SEX A. RACE S. DATE OF BIRTH S. DATE OF B	UNDER 24 HE OURS ME
3. SEX A. RACE A. RACE S. DATE OF BIRTH B. AGE (IN YEAR SLAST BIRTHDAY) IF UNDER 1 YEAR I	OURS ME
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(YES. MORUNKNOWN) (FYES. GIVE WAR OR DATES) 213-07-1682 Mrs. Aino Ellen Smith-5315 Holder Ave-	
213 07 1002 wis. Allo Ellen Smith-3313 Holder Ave-	
APPROXIMATE APPROXIMATE	-2121
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	E INTERVAL ET AND DEAT
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
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210. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFEICE, EARM, ETC.) 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFEICE, EARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
WHILE NOT WHILE AT WORK AT WORK OF THE PACTORY, OPERCE EARM, ETC.)	
22a certify that X (this haspital) at adds to deceased from 19. X T., to	uses stated
226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ATTENDED 220 DATE SIGN	184
22d PHYSIC IN'S NAME (THE COURSE OF THE COURSE OF THE COURSE MA) 21	10.11
Offile City . Let / Willy . Of South hospital , 100000 h. 1119 - 1	1204
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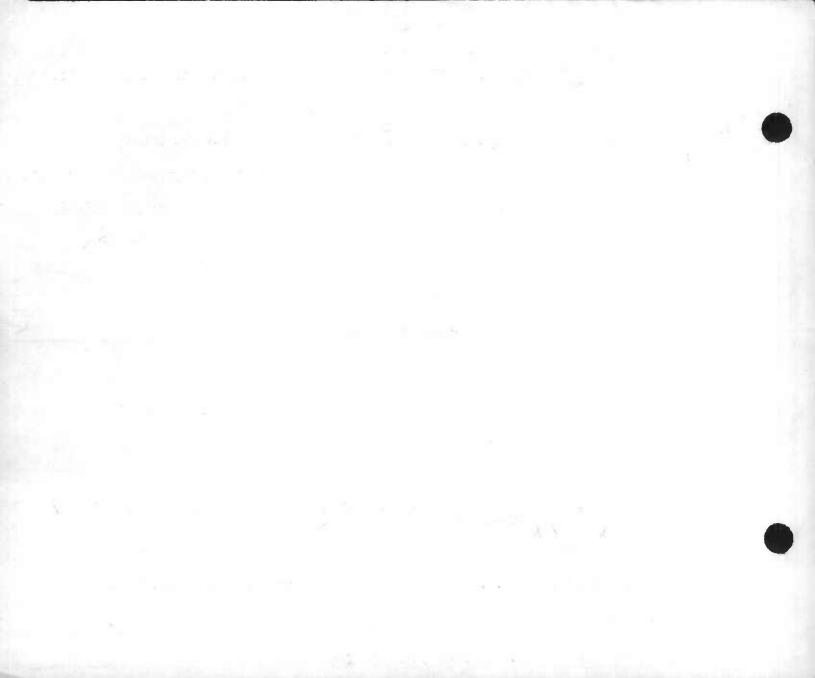
OR ATTENDING

etained by the haspital

should be described for use as the buriol-transit permit. Then please remove corbon papers. Page with the State Depty of Health and Amental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, The .080713050.050 The state of the s

(VRA 15, 4)

		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO		3 0	one Company
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20.00.00	MONTH DAY		. HOUR
			Henry N. SMITH		September			:15
1	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MON		OURS A
1		Male	White	November 9,1906	78	YRS.		
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED A DIVORCED	Baltimore city o	_		
57	10. CITY OR TOWN OF DEATH ESSEX		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Engineer American			
325	USU. 130. S	STATE 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 113d, INSIDE CITY LIMITS?		ZIP CODE	2122	
\$30	14. FA	THER'S NAME FIRST George	MIDDLE LAST E Smith	15. MOTHER'S MAIDEN N		Jark	LAST	
medica		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT Donald H S	ADDRE			
E /	, ·	No	214-01-	-5081 XMMHXXEE	7845 Ea	stdale	Rd 2	1224
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 3	3 0 2
	(TYPE		Gertrude	mith	SEPTEMBER	23, 1984 505 AM
1	3. SEX	x Female	White	5. DATE OF BIRTH MONTH DAY YEAR NTOTE 26 1002	00	IF UNDER TYEAR IF UNDER 24 HRS
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200	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	I AME MIDDLE	IZAL
150	A	lbert	Mitche		Chr	istopher
199		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO. 17 INFORMANT	ADDRESS	
ž/		No	- 219-20	-7355 Nancy L.	Ricketts, 10333 N	
reant, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	Renal failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
r other traumatic		Conditions, if ony, which gove rise to immediate couse (o.), stoling the underlying couse lost.	(b) CUT! DUE TO, OR AS A CONSEOU	upper gastroi	intestinal bleed	1 days
ntout.	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition given	EN IN PART 110
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\cap \) NO \(\cap \)
Den 18 se		? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18.	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
21 is ma		sow the deceased alive on	ital) ottended the deceosed from		on deoth occurred on the date and hou	19, that (i) (we) lost r and from the couses stated
IT: If Hem		276. SIGNATURE AM del	monte	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/23/84
MPORTANT		J. M. d	le la Monte	St. Joseph	h Hospital, Balti	more, Ms
	23a. E	Burial, CREMATION, REMOVAL	1/1	NAME OF CEMETERY OR CREMATORY Sestern Cemetery	CITY OR TOWN	y Maryland

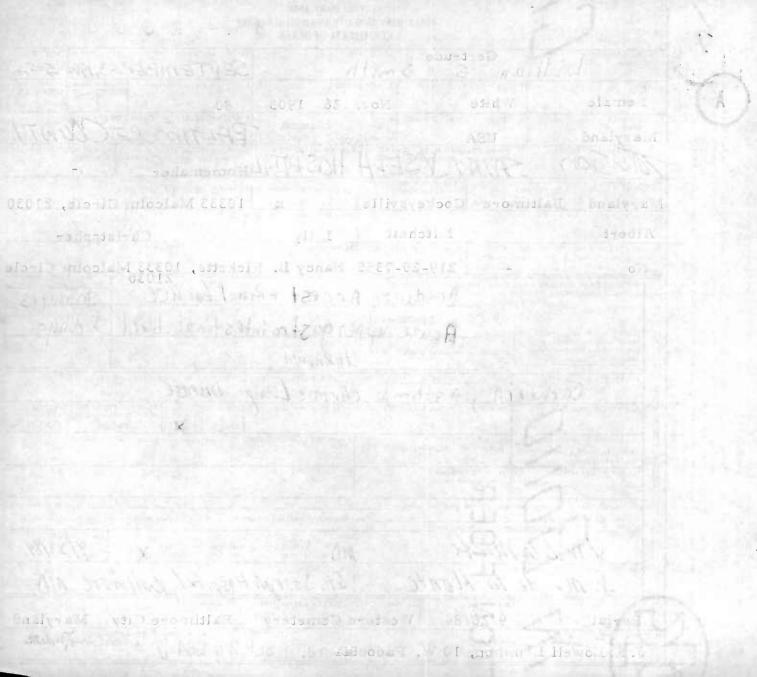
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detached for use os the with the State Dept. of Health a

J.E. Lowell Lemmon, 10 W. Padonica Rd.

SEP 2 5 1984



				SIAIE	OF MARYLAND			
1	1.	FOR • STATE REGISTRAR			CATE OF DEATH	REG. N	3 8	0 3
(24)		CEASED NAME FIRST	MIDDLE	\(\sigma_1\)	st · \ d	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
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0 B		Female	Bl.k.	MONTH	0AY YEAR 8 1920	64	YRS.	THS DAYS HOURS
n 72 hav		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	MARRIED WIDOWEI	NEVER MARRIED	9. BALTIMORE CITY O		
1 7	1	anda Llstown	(IF NOT IN SUCH FACILITY	AL, NURSING HOME OF		12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEWLT	OF WORKING LIFE)	126. KIND OF BUSINES
old to the	USU.	AL RESIDENCE (IF NURSING HOME COL	DR OTHER INSTITUTION, GIVE RESIDENCE 13c. CIT		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE .	Road 212
oletely find 2 sho	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		vace,	LAST
n and camp Poges 1 or	16a \	Carey VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		Booker DICIAL SECURITY NO.	Maggie 17. INFORMANT	ADDRE	SS	Wade
cion and ers. Poge	-	No	226	-30-3304	Martha Am	es 3408-	Janval	e Rood
physic anpop emoval event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for LED BY: ATE CAUSE (o)	reas c	A win	Wilespi	cas	APPROXIMATE INTERV BETWEEN ONSET AND D
2 2 2		CONTRACTOR STATE						
tendi on, or		Conditions if you which	DUE TO, OR AS A C	CONSEQUENCE OF	neefor to	uces		3 year
by the otter ose remave o I, cremotion, other froum		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A C		neefor to	ue,		3 year
signed by the otter. Then please remave of a buriol, cremation, injury, or other troum	NOI	gove rise to immediate couse (a), stating the	(b) DUE TO, OR AS A C	CONSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	-
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hysicion was requires mor me aeor hysicion with the other roasir permit. Then please remave or Hygiene prior ta buriol, cremotion, 18 shaws any infury, or other troum	AL CERTIFICATION	gove rise to immediate couse (D), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A C (c) CONDITIONS CONTRIBU 19b. CONDITION FO 2 1b. TIME OF INJUR HOUR A.M. MC	CONSEQUENCE OF UTING TO DEATH BUT N OR WHICH OPERATION ON THE DAY YEAR		20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [IN PART 1101 VERE FINDINGS USED NG CAUSES OF DEATH
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rendund the standard in the saw requires mon the deep title or attending physician. One. After this certificate has been signed by the otter or use as the build-transit permit. Then please remave a fit Health and Mental Hygiene prior to buriol, cremotion, 21 is marked or tem 18 shaws any injury, or other traum.		gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE [IFETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE NOTIFY MEDICAL EXAMI	(b) DUE TO, OR AS A C (c) CONDITIONS CONTRIBU 19b. CONDITION FO 21b. TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJU (AI HOME, STREET, FACTO 21b. Ottol) oftended the decess	DR WHICH OPERATION TY ONTH DAY YEAR 19 IRY ORY, OFFICE, FARM, ETC.) sed from	1 WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES [VERE FINDINGS USED NG CAUSES OF DEATH NO I OR PART 2) COUNTY STA
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) MARY SMITH C. 9:00A September 17, 1984 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH Female White July 19, 1901 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County. DIVORCED [Maryland WIDOWED II S A IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 9225 Harford View Dr. Parkville Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Parkville 9225 Harford View Dr. 21234 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE James Howard Poteet Mary Roach ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT No 219 20 9895 Kathryn Amorose 9225 Harford View Dr 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [18 sh 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 220.1 certify that (II (this hospital) attended the deceased from ____ .19 ______, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) new the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Nestor Carmona, M.D. 6012 Harford Rd. Baltimore, Maryland 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE ISPECIFY) Burial Cookstown Harford Co. 9-20-84 Wm. Watters Mem. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 In Neighborn Brokell Baltimore, Md. Leonard J. Ruck, Inc. (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME FIRST Ralph L. 20. DATE KNOWN DAY MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-1254 1030 MITH DEATH MATED DAY 2d HOUR & AGE LIN YEARS IF UNDER 1 YR 3 SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 400 March 1, 1967 DE AD 17 YRS Male White THE CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore County Marvland 126. KIND OF BUSINESS D. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Student School SHOULD BE F Essex 21221 Byway South ITO STATE 136. COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15 C. Byway South Baltimore Essex 21221 YES [NO K Marvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Emmel Smith Elizabeth Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 7. INFORMANT LYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (same Charles Smith father 18 CAUSE OF DEATH (Enter only one cause per line (orf(a), (b), an APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALCAGE WINDED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIERE DIRIAL, CREMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, REPARED TO THE CHASE PAGE 3 SHOULD BE U YES 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OF GURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOW W WONTH UNDERLYING -BOR MEDICAL CONTRIBUTING CAUSE OF DEATH PM ? le PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) 21201 WHILE NOT WHILE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Hamicide Undetermined manner Natural causes Accident NILE (SPECIFY) DATE SIGNED EXAMINER'S NAMEJ. CROSS PAN (TYPE OR PRINT) 23e BURIAL CREMATION REMOVAL 23b DATE 23d LOCATION Baltimore County, Maryland 9/2/84 Parkwood Cemetery BP **DHMH - 17** (VR A15 ME (5)) Home PA. 1407 Old Eastern funera

20M 4/82

STATE OF MARYLAND

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician

TO HOSPITAL

STATE	OF	MARYLAND	
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9	2	3
REG NO)	-

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do	3	63	0	()
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		CEASED NAME	FIRST	MIDDLE		LAST	REG. NO		YEAR	2b. HOUR
	(TYPE	OR PRINT)	Robert	C.	S	moot . Jr.	Septemb	er 14	1984	8:00
-	3. SEX	X		RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY} IF L	JNDER I YEAR	IF UNDER 2
			1		MON		7.7		THS DAYS	HOURS
1		Male MADE (STATE O	DR FOREIGN 7b.	CITIZEN OF WHAT	COUNTRY? 8	b. 12 11	9 BALTIMORE CITY O	P COUNTY OF	FDEATH	
b		COuntry (STATE C	JR FOREIGN 76.	CITIZEN OF WITAT	MARRI	ED NEVER MARRIED	Author 7 Car	1/11/20		
D)	Md.		U.S.		PEDXIX DIVORCED	Baltimore	County	101 14110 0	E BLICK IEC
7	10 C	ITY OR TOWN OF D	EATH III	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		12b. KIND O	L ROSINES
20		Towson				dical Center	Minist	er		
31	Ula S	ALRESIDENCE : * ** STATE	NIN COUNTY		IDENCE BEFORE ADMISSION TY OR TOWN	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODEB	ozman	. Mo
27	Vey	Md.	Ma	Bo Bo	zman	YES NO XX	Star Rt.	Box 2	29 #2	1612
	14.54	THER'S NAME	MICH	med	LAST	15. MOTHER'S MAIDEN NA	WE	,	LAS	
20		Robert		-	moot.Sr.	Asenath	Mode		Smit	
		WAS DECEASED EVE	R IN U.S. ARME	D FORCES? 166. SC	CIAL SECURITY NO.	17. INFORMANT 921	Army Rd.	SSPINT		
1	{	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)		William T.			1204	ia.
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	13.5	PART I. DEATH		one couse per line for BY:	remia				BETWEEN	INSET AND D
	5.7		IMMEDIATE (CAUSE (o)	Lemra					
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		couse (a), sto underlying cou	ting the ise lost. GNIFICANT COI	DUE TO, OR AS A	CONSEQUENCE OF	T NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN	IN PART III	31
	NOI	PART 2. OTHER SI	ting the ise lost. GNIFICANT COI scleroti	DUE TO, OR AS A (c) NOITIONS CONTRIB	CONSEQUENCE OF UTING TO DEATH BU ertensive	T NOT RELATED TO THE TERM cardiovascular	MINAL DISEASE OR CON			
	ICATION	couse (a), sto underlying cou	ting the ise lost. GNIFICANT COI scleroti	DUE TO, OR AS A (c) NOITIONS CONTRIB	CONSEQUENCE OF UTING TO DEATH BU ertensive	T NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN 20b. IF YES, W IN CERTIFYIN	VERE FINDIN	IGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)

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			1831	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. £AST 20. DATE OF DEATH 2b. HOUR Scarff September 24. SOMERS A AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 5. DATE OF BIRTH MONTHS DAYS MONTH 1904 4 3 80

White 76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH Baltimore DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

> NO X 15. MOTHER'S MAIDEN NAME

> > Julia

TYPE OF WORK FOR MOST OF WORKING LIFEL Housewife

4144 Beachwood Road

13e.STREET ADDRESS / ZIP CODE

MIDDLE

County

12b. KIND OF BUSINESS OR INDUSTRY

Franklin Square Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? Baltimore | Dundalk

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY:

U.S.A.

14. FATHER'S NAME MIDDLE Anthony

> Conditions, if onv. which gove rise to immediate couse (o), stoting the

underlying couse lost.

OR CONTRIBUTING CAUSE OF DEATH

LIFETHER NOTIFY MEDICAL EXAMINER

NOT WHILE

- STATE

TYPE OR PRINTS

REGISTRAR

Anna

DECEASED NAME

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Uzmed 16b. SOCIAL SECURITY NO.

17 INFORMANT 213-09-5921 Dorothy M. Karko

ADDRESS

Same as 13e

Yokus

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Cardiac Arrest IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF

> Histiocytic Lymphoma DUE TO, OR AS A CONSEQUENCE OF

Severe Wasting, Malnutrition

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

216 TIME OF INJURY

P.M

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

20a AUTOPSY?

NOT

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

HOUR A.M. MONTH DAY YEAR 19

21f LOCATION

CITY OF TOWN

STATE

COUNTY

September 10 1984 September wed the deceosed from 19 84 and that in (n) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF

22e ADDRESS

PHYSICIAN

DIRECTOR PHYSICIAN

73a. BURIAL, CREMATION, REMOVAL 23b. DATE

9000 Franklin Square Dr. 23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION 9/27/1984 | Most Holy Redeemer | Baltimore

COUNTY Maryland

Burial 24 FUNERAL DIRECTO Duda-Ruck,

Inc. 7922 Wise Avenue Dundalk, MD. 21222

250 DATE REC'D. BY REGISTRAR 736. REGISTRAR'S SIGNAURUS

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

Difference of the second second THE THE PARTY OF T Rearns M. Stancer

SEPT. 14, 1984

FOR

REGISTRAR

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

1. DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚕 CERTIFICATE OF DEATH REG. NO LAST (SPENCET) 2a. DATE OF DEATH MONTH 2b. HOUR Blanche -12-84 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TELEPHONE CO. 13e STREET ADDRESS / ZIP CODE ROAD 310 South Tell gate Flahacty 17 INFORMANGRANDAMAN BEG ATT MANSKI BEL ATT MANSKI BEL ATT MANSKI BEL ATT MANSKI BELL ATT MANS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

TNFARCTION.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY STATE

22c. DATE SIGNED

23c NAME OF CEMETERY OR CREMATORY

FAWN GrovE Meth. CEMETER

FRISH GrovE, York Co. PENNSYlv ANDA

24 FUNERAL DIRECTOR Toster 50 W. Broadway & Williams St. BEI fir Maryland 21014 Josephinelle Frate

BP

DHMH - 16 50M 4/83

(VRA 15, 4)

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Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 44

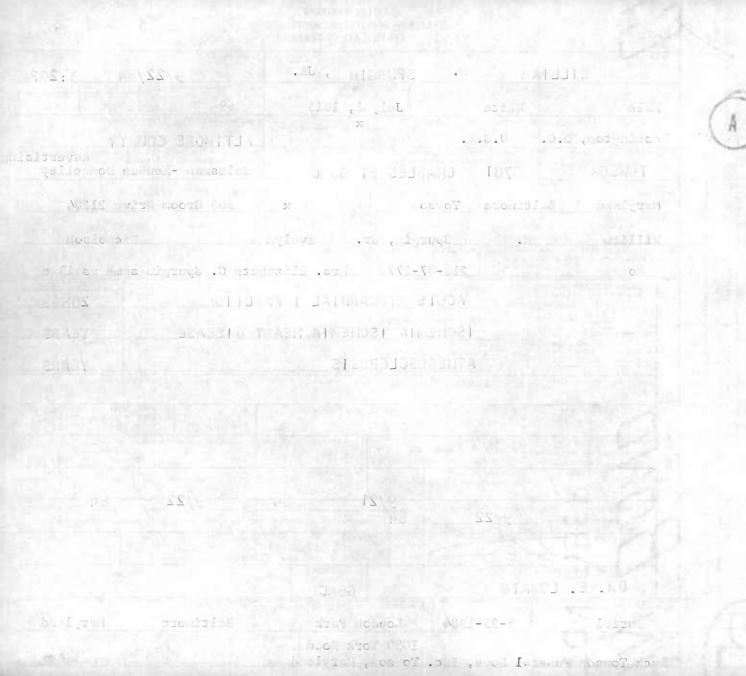
REG. NO

FOR

REGISTRAR

- STATE

(VRA 15, 4)



)	Ĺ	Items #5&14 F: FOR 9/20/84 ji STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3
2 f		CEASED NAME FIRST Wilhelm	nina C.	STADELMEIER	September 18, 1984	11:36A
moy fre de	3. SE	Κ	4. RACE	S DATE OF BIRTH 1887	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR MONTHS DAY	
		MALE RTHPLACE (STATE OR FOREIGN	CAUCASIAN 76. CITIZEN OF WHAT COUNTI	TY 7) 4000	96 YRS 9 BALTIMORE CITY OF COUNTY OF DEATH	
(A)3		COUNTRY) RYLAND	USA	MARRIED NEVER MARRIED WIDOWED MORCED	Baltimore County	
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Poges 1	160 \	VAS DECEASED EVER IN U.S. AL	WE WAR OR DATECT		ADDRESS	
certificate be e ing physicion o rbonpopers. Po r removal.			nly one couse per line for (a), (b)	· · · · · · · · · · · · · · · · · · ·	RNS 6511 CORKLEY RD	OXIMATE INTERVAL N ONSET AND DEA
low requires that the sbeen signed by the proof to buriol, cremo sony injury, or other the	CERTIFICATION	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION			MINAL DISEASE OR CONDITION GIVEN IN PART 200 AUTOPSY2 20b. IF YES, WERE FINE IN CERTIFYING CAUSI	DINGS USED
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TENE ortol for us of Hee		sow the deceased alive a	ortal) ottended the deceosed from September 18, 1	9 34 , and that in ((our) opinion	death occurred on the date and hour and Irom th	
by the hosp by the hosp ERAL DIREC se detoched State Dept ANT: If Item		226. SIGNATURY	4 11	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	tember1
O HOSPITAL etoined by to FUNERAL should be de with the Stot		22d PHYSICIAN'S AME (TYPE	, M.D.		in Square Dr., 21237	
BP	230	BURIAL, CREMITION, REMOVA (SPEBURIAL)	23b. DATE 2 9/22/84	PALTIMORE CEMET		MD.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR	1211 Choose		TE REC'D. BY REGISTRAR'S SIGN	Andelle



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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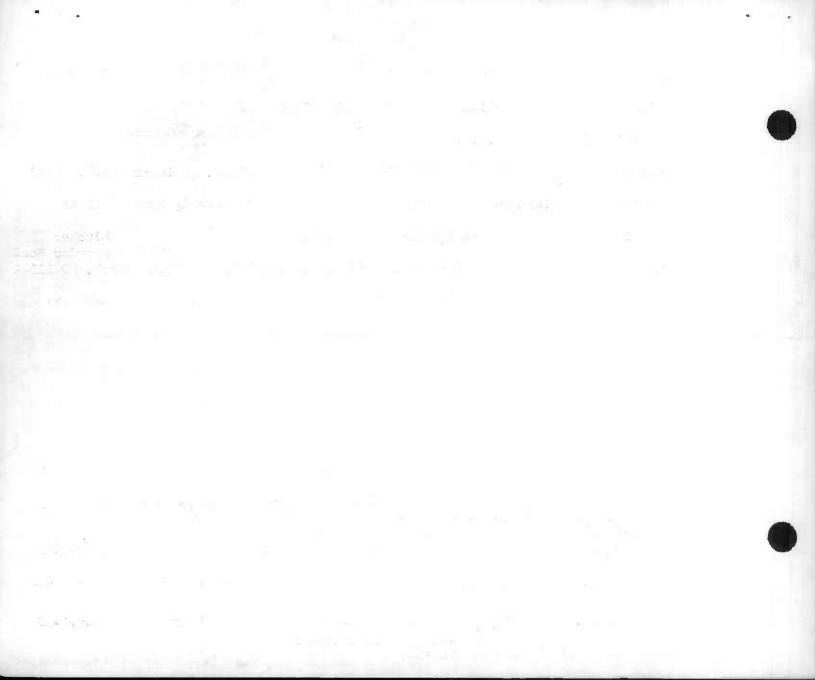
- 1		REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.			
		CEASED NAME	FIRST		WIDDLE	L/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	a.
	{TYPE	OR PRINT)	EDGA	R M.	ST	EIGLEMA	Ŋ		September	r 30,	1984	1:25	-
	3. SEX	K		4 RACE		5. DATE O			6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24	HR5
	Ма	ale	1	Whi	te	7 MONTH	21	1901	83	YRS	MONTHS DAYS	HOURS	MIN,
(RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	N	MARRIED .	9. BALTIMORE CITY	R COUNT	Y OF DEATH		
D		ennsylvania		U.S	S.A.	WIDOWE		NORCED	Baltimore	Coun	ty		MD,
X		TY OR TOWN OF DEAT	Н	11. NAME OF I	HOSPITAL, NUR	SING HOME O	R OTHER INS	TITUTION	12a USUAL OCCUPAT			F BUSINES	SOR
7	To	wson		Dulan	ey Tows	on Nurs	ing Ho	me		ginee		. Stee	el.
	USU A	AL RESIDENCE (IF NURSIN	IG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE	ITY LIMITS?	13e STREET ADDRESS	/ ZIP COD)F		
0	Ma	ryland		imore	Dunda		YES [NO X	19 Sunshi			222	
	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NAM	ME MIDDLE		LAS	51	
14	7	Jacob			Steigle	eman	Ca	arrie			Klu	cker	
1		VAS DECEASED EVER IN		MED FORCES?	166. SOCIAL SE	ECURITY NO.	17 INFORM	ANT	ADDR	^{ESS} 560	1 Gunpo	wder J	Road
	No		(18 16 3, 014	C WAR OR DATES)	216-10	-4630	Edgar	A. Stei			Marsh,	MD 2	1162
		18 CAUSE OF DEATH	(Enter on	ly one couse per	line for (a), (b),	ond (cs.)	,				BETWEEN	ONSET AND DE	AL EATH
		PART I. DE ATH WA		E CAUSE (o)	RE:	SPIRI	4701	RY 7	FAILURE		29	-hr	1.
		DUE TO, OR AS A CONSEQUENCE OF											
	ļļ	Conditions, if ony, which											
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying cause	lost.	(c)_									
	z	PART 2 OTHER SIGNI	IFICANT C	CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE OR CON	IDITION G	IVEN IN PART II	0	
-	CERTIFICATION	19a DATE OF OPERATION	TIPL COND	IT ION! FOR WH	ICH OPERATIO	N WAS DEDE	DAMED	20s AUTOPSY?	120h JE YI	ES, WERE FINDI	NGSTISED		
1	FIC	176 DATE OF OPERATE	014	196 CONDITION FOR WHICH OPERATIO			WAS FERI	DAMED	IN CERTIFYING CAUSES OF DEA			OF DEATH	?
'n	ERT	210. ACCIDENT WAS UNDE	RLYING [1 21b TIME C	F INJURY		21c HOW II	VJURY OCCURR	YES NOL			NO [
1	1.0	OR CONTRIBUTING CA	AUSE OF DEA										
	MEDICAL	(IF EITHER NOTIFY MEDICA		P. PLACE	M. OF INJURY	19	211 LOCAT	ON					
	Æ	WHILE IN NOT WHIL	£ 🗆		REET, FACTORY, OFFI	CE, FARM ETC)	STREE		CITY OR 10	NWO	COUNTY	STA	TE
		220 certify that (I) (tal) attended th	e deceased fro	m /	CV	10 5-9	to Java	1-30	10 84	that (I) (we	e) lost
	1	saw the deceased	d olive on	Sent	29_1	1211	nd that in (my) (our) opinion o	death occurred on the c	ate and ha	out and from the	1. 1.	,
	1	about (I) (we) (did) (did not) view the body after death. DEGREE									22c DATE	SIGNED	
		Man	n	K/6	uela	my w	7.0	ATTENDING >	MEDICAL STA	CIAN []	9/	30/84	1
		224 BHYSICIANS NA	ME (TYPE)	R PRINT)			22e ADDRE	SS	4				
	-	FRAN	1K	G. KL	IEHN	1	7600	OSLET	R DRIVE	TO	USON ;	+ m	D
- 0		BURIAL, CREMATION, R	EMOVAL	23b DATE	2	30 NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STA	ATE.
	· '	Buria	1	10/3	8/84	Oak Lav	vn Ceme	etery	Baltimo	re		ryland	-
		UNERAL DIRECTOR		792	2 Wise	Ave, Du	ındalk	Md 250 DATE	REC'D. BY REGISTRA	25b. REGIS	STRAR'S SIGNAT	TURE	
	Du	ida-Ruck Fu	neral	L Home o	of Dunda	alk,		00	T 2 1004	Suna	Davidson	Bunda	
									1304	77		1000	

BP.

TO FUNERAL DIRECTOR

TO HOSPITAL

DHMH - 16 50M 4/B3 (VRA 15, 4)



the funeral director, page d within 72 hours after deal

and completely filled in by

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

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1.	REGISTRAR				CERTIF	ICATE OF I	DEATH	RE	€ • G. NO.	0 0		~	
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEA	TH MONT	TH DAY	YEAR	2b. HOUR	
		Walla		J.		NEY		Septemb	er 1	1984		5:10p^	
3. SE			4 RACE		5. DATE C		XEAR.	6 AGE (IN YEARSE)		MONTE	DER I YEAR	HOURS MIN.	
2	Male			hite	Aug	. 7,	1911	73		YRS.			
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF		RY? 8 MARRIE	NEVER	MARRIED -	9 BALTIMORE CI	TY OR CO	OUNTY OF I	DEATH		
	Maryland		U.S		WIDOWE		VORCED [Baltim				M	
	Rossville		Frank	lin Squ	RSING HOME C REET ADDRESS) LATE HOS	pital	TITUTION	120 USUAL OCCU	OST OF WOR	KING LIFE) IN	UDIISTRY	OF BUSINESS OR	
136. 5	AL RESIDENCE (IF NUR STATE Maryland	136 COUN	OTHER INSTITUTION NTY	GIVE RESIDENCE BE 13c. CITY OR T Balti	OWN	13d. INSIDE C	ITY LIMITS?	136 STREET ADDR 5901			e. :	21206	
14. F/	ATHER'S NAME FIRST		MIDDLE	Wimplin	ıg	IS. MOTHER	S MAIDEN NAI FIRST	ME	DIE		LA	AST	
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMA	INI	A	DDRESS		21	206	
-	YES, NO OR UNKNOWN)	Army	WW II	216-07	-2829	Marg	aret A.	Stenley	5901	Cedo	nia .	Ave.	
NO	Conditions, if any gove rise to im- couse (a), static underlying cause	mediate ng the e last	DUE TO, O	R AS A CONSE	dial In			INAL DISEASE OR	CONDITIC	DN GIVEN II	N PART I	lo	
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		IF YES, WE		INGS USED S OF DEATH?	
E								YES NO		YES [CAUSE	NO 🗆	
MEDICAL CEI	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA		M. MONTH	DAY YEAR			RED (ENTER NATURE O	F INJURY IN I	EM TS PART T	OR PART 2)		
MED	216. INJURY OCCUR	HILE	40.	REET FACTORY, OFF		211. LOCATION		(17)	ORTOWN	(COUNTY	STATE	
	220.1 certify that (I) this hospital attended the deceased from Sept 1 , 19 84 , to Sept 1 , 19 5 and that in (my) our printen death accoursed an the date and hour and above. If the date and four and that in (my) our printen death accoursed an the date and hour and the date and four and the date and the											that (I) (we) ast	
	27h SIGNATURE	7/1	The state of the s	ofter death.	11	BEGREE				1	22c. DATE SIGNED		
		Was	12 Hou	as Ny	dlub	MO	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	2	9/1	1/84	
	724 PHYSICIAN SN			1	atolinous abatementer	ADDRES							
	Mark	Fryde	nborg M	.D.		9000	Frank	lin Squar	e Dr	ive 2	21237	7	
23a E	BURIAL, CREMATION,				3c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			UNIY	STATE	
	Bur	ial	Sep 5	1984	Parkwo	od Ceme		Balti				land	
24. FI	UNERAL DIRECTOR						25a. DAT	E REC'D. BY REGIS	RAR 256. F	REGISTRAR	SSIGNA	TURE . DO	

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the haspital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove carbon papers, P should be detached for use as the burial-transit permit. Then please remove carbanpaps with the State Dept. af Health and Mental Hygiene prior ta burial, cremation, or removal

njury, or other traumatic event,

morked or hem 18 shows

MPORTANT: If hem 21 is

Leohard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

to SIN . and Elaster II' is a second of the second Marketini or incern pitereng ito per per mander in the second second second second

within 24 hours ofter death. Page

be executed

death certificate

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or ather traumatic event, the medical exa

iner must be notified

STATE	OF.	MARYL	AND

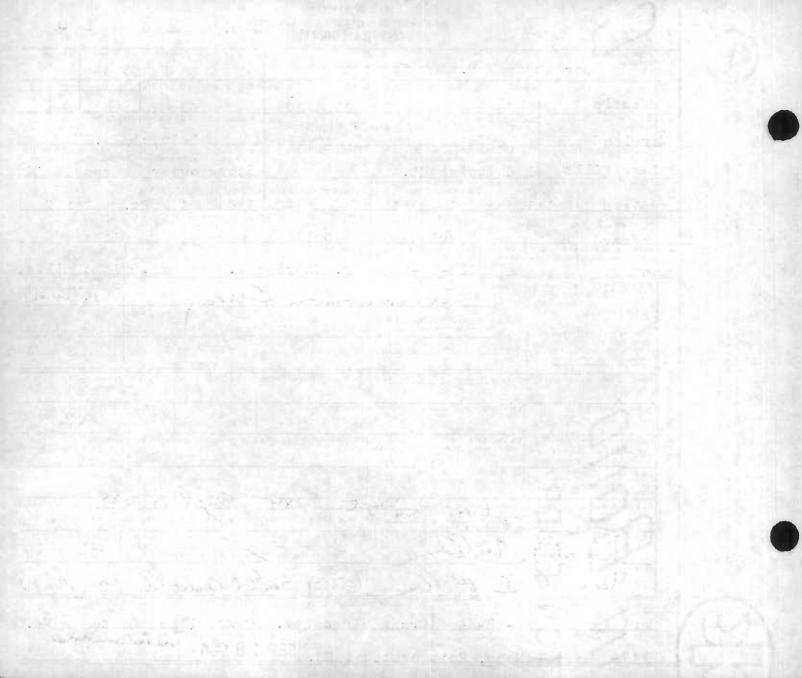
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	1-	STATE REGISTRAR			DEPA	CERTIF	CATE OF DI		, ·	EG.NO.	0	3 1	0	
		CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DE		H DAY	YEAR	26. HOUR	2
	(TYPE	OR PRINT)	Doroth	У	V.	Stew	art			9	15	84		М
	3. SEX	(4. RACE		5. DATE OF BIRTH			6. AGE (IN YEARS	LAST BIRTHDAY)	IF UP	DER TYEAR	IF UNDER 2	
		Female	HV	White		MONTH 12	MONTH DAY YEAR			63	rrs Mont	HS DAYS	HOURS	MIN.
		RTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF		PY2 8			9 BALTIMORE			DEATH		
L		OUNTRY)		11.9		WIDOWE	NEVER M	ORCED	D.	ltim		0-		AAD
-	10 CI	aryland TY OR TOWN OF I	DEATH	11. NAME OF	HOSPITAL, NUE	RSING HOME O	Land .		12a USUALOCO	UPATION	1	2b. KIND O	F BUSINES	SS OR
	Ow.	ings Mi	11 c	_	H FACILITY, GIVE ST	_		A. The	C+ ONO			NDUSTRY	o P.	C: E+
=	USUA	AL RESIDENCE (IF N	NURSING HOME OR	OTHER INSTITUTION		FORE ADMISSION)			Store			Dres:	s &	Gift
K		TATE	13b. COUN		13c CITY OR T		13d INSIDE CIT		13e.STREET ADD					THE STATE OF THE S
4	Ma	ryland_	I Balt	imore	lOwing	s_Mill	SYES	NO B	3 Chei	wick	C±.	2	1117	
	14. 17	FIRST		AIDDLE	LAST		F	RST		DDLE		LAST	E .	
(J		Edward	(FD	-FD FORCES	Merri		Ju 17 INFORMAN	lia		ADDRESS	Н	ines		
		VAS DECEASED EV		WAR OR DATES)	166 SOCIALS	ECURITY NO.							Md	
		10			212-1	2-0559	Mr. C	harle	s I. St	cewar	t, Ow		Mil	ls,
1		18 CAUSE OF DE	ATH (Enter only WAS CAUSE)	y one couse per	line for (a), (b)	, and (c).)	*		0			BETWEEN	MATÉ INTERV ONSET AND D	DEATH
		PARTI. DEAT		E CAUSE (o)	Ca	1 Cen	or come	_ (Vce z	7		18	- Crec	onta,
		30-11-55		DUE TO, O	R AS A CONSE	QUENCE OF								
		Conditions, if a		(b)_					YES MADE					
	- 6	gove rise to couse (o), sto	oting the	DUE TO. O	R AS A CONSE	CONSEQUENCE OF								
		underlying co												
		PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	NAL DISEASE OF	CONDITIO	N GIVEN I	IN PART 110	3 1		
	O	-												
7	CERTIFICATION	19a. DATE OF OPE	RATION	196 COND	ITION FOR WH	ICH OPERATIO	WAS PERFOR	MED	20a AUTOPS			ERE FINDING CAUSES		
1	THE						641.		YES NO		YES [NO [
9	CER	210. ACCIDENT WAS	-	216. TIME O		AONTH DAY YEAR			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					200
7	AL	OR CONTRIBUTING		in .			19 211 LOCATION							
	MEDICAL	214 INJURY OCC		21e PLACE	OF INJURY					TY OR TOWN		COUNTY STATE		
	¥	WHILE NOT	T WHILE WORK	(AT HOME, ST	REET, FACTORY, OFF	ICE FARM, ETC)	SIREET			0		-/	31	
		22a I certify that		oll attended th	e deceased fro	m_ 50	1	19.89	10 SQL	CI	19_	8	that (I) (v	ve) lost
		sow the dece	eosed olive on	Seal	14	41	d that in (my) (our) opinion o	leath occurred or	the date or	d hour on	d from the	couses sto	ted
		22b. SIGNATURE	e) (did) /did no) view the body	offer deoth.	,	DEGREE				22c DATE	SIGNED		
		1	-0-1	1 Tu	clh			TENDING HYSICIAN	MEDICAL DIRECTOR T	STAFF		9	17-	84
2		22d, PHYSICIAN'S	NAME (TYPE Q	PRINT)	C-C-		22e ADDRESS	HISICIAN L	DIRECTOR	HISICIAN		(1 1	
	163	Da	0 -6		PL-(7	102(0	7 Sa:	to 000	068	6	Cair	MICH	mas
-	73 n B	BURIAL, CREMATIC	ON REMOVAL	23b. DATE	11	31 NAME OF C	1	REMATORY	23d. LOCATIC	N		-	/ (1)	2 3.
	1	SPEC IFY)	JAN, KEMOVAL	- 200 Table 1	-17				CITY OR T	NWC		YINU		ATE
		Burial JNERAL DIRECTOR	R	19-18-	-84	Druid	Kiage	Cem.	Pikes	STRAR 75 PR		SSIGNOR		1d
		NAME			ADDRE			CED	1 8 109/	ماد.	David	الما - من	hotels.	
		Fline F	uneral	Home	Reis	tersto	wn Md	JULI	1 0 130	1				

DHMH - 16 50M 4/83 (VRA 15, 4)

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Completely filled in 3 and 2 should be

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FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 4 2 3 8 1 7
IRST MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
Raymond W. STEWART SR.	September 25, 1984 8:01 Am
1. RACE S. DATE OF BIRTH MONTH DAY YEAR MAY 14. 1905	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS
ON 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FRANKLIN SQUARE HOSPITAL	128. USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING LIFE) ROAD - FOREMAN TO ST. HIGH.
HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR ADMISSION) COUNTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? PARKY LLS YES NO IN	130 STREET ADDRESS / ZIP CODE 21234
MODIE STEWART 15. MOTHER'S MAIDEN NAM	ME GALL LAST
U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT FYES, GIVE WAR OR DATES) 212079469 FAMILY	RECORDS
Enter only one couse per line for (o), (b), ond (c).) CAUSED BY: MEDIATE CAUSE (o) Massive gastrointestinal he	emorrhage
DUE TO, OR AS A CONSEQUENCE OF	

BIRTHPLACE (STATE OR FOREIGN 7b. CIT COUNTRY ARYL CITY OR TOWN OF DEATH 11. N (16 USUAL RESIDENCE (IF NURSING HOME OR OTHER II 13a. STATE 136 COUNTY TIM 14. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FO (IF YES, GIVE WAR OF (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES XX NO YES V NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 220 Certify that (this hospital) attended the deceased from, saw the deceased alive on Sept. 25 19 and that in (n) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed alive an above, (Liwe) (did) (did) and 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL

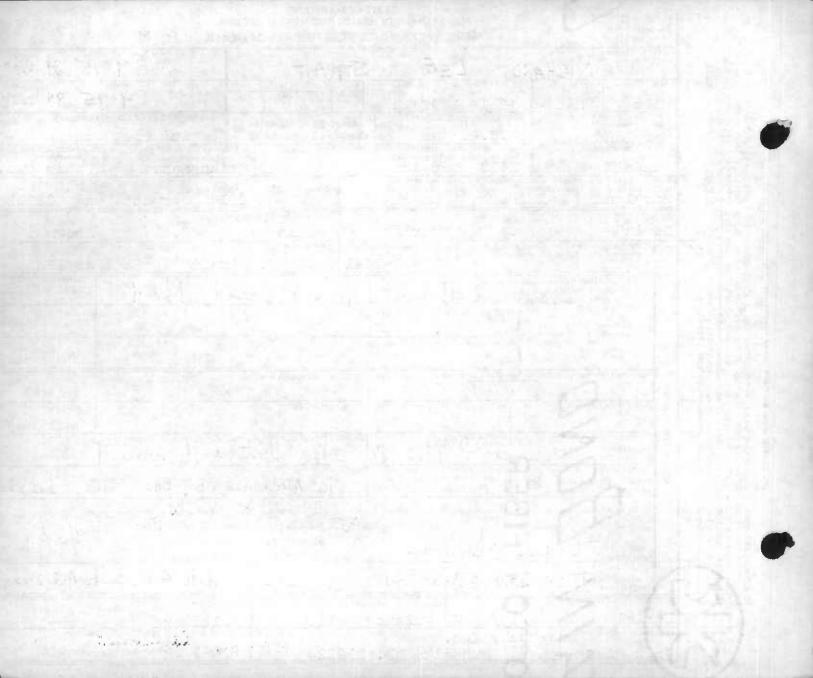
prior ony pe 00 Hem TO FUNERAL DIRECTOR. should be detach 生 DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME 22e ADDRESS Gregory Ross, MD 9000 Franklin Square DR, 21237 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN COUNTY BP. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SEP 28 1984 June Sandson-A (VRA 15, 4)

DHMH - 16 50M 4/B3



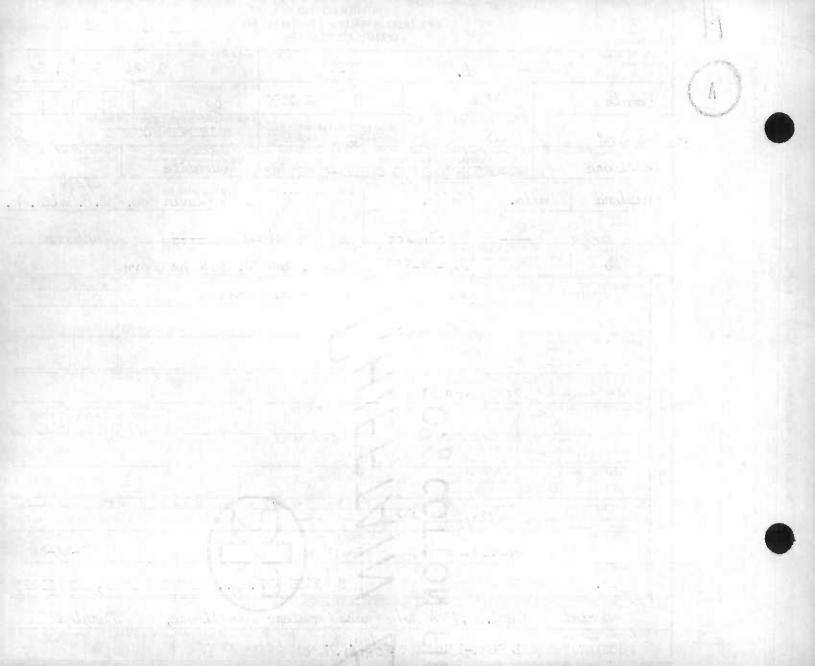
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kereth - 8121 Midhaven Rd.	Mrs. Toni Mack	17-14-0000	2	0_
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	da situ (hix			

	/	1						MARYLAN								
	./	1-	FOR STATE				NT OF HEAL		204	GIENE	2	3	3	9		
	1/3		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	AMINER	LAST	ATEO			NEG. NO.	NTH DAY	YEAR	2h HOUR	
	13 × × × × ⊢	{TYI	PE OR PRINT)	RICHA	RD (BE	S	TART	-		OF ES	11.	15	1984	0100	
	S NEGSSARY, PLEASE FUNERAL DIRECTOR E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	3. SE	X 4.	RACE	5. DATE OF BIRTH		AGE (IN YEARS IF		IF UNDER 2	4 HRS. 2c.	DATE	AOM	TH DAY	YEAR	2d HOUR	
	DIRE DOUR 72 H 72 H 50 N S	Ma	ale	White		1961	22 YRS.	NTHS DAYS	HOURS	MIN. PRO	DEAD	4	15	1984	0250 M	
102	ESSA ERAL OR Y THIN REST	7a. B	RTHPLACE (STATE	OR	76. CITIZEN OF WE	IAT COUNTRY	(? 8 MA	RRIED NEV	ER MARRIE	D [] 9.1		CITY OR CO				
	S FONE		aryland		U.S.A.			OWED 🗆	DIVORCE			imore			MD.	
	AY IS THE AGE 201		ITY OR TOWN OF	DEATH	11. NAME OF HOS	BITY GIVE STREE	T ADDRESS)		ION	FOR MOS	T OF WORKING	ON (TYPE OF WO	LTITE	R FUBUSIA		
	DELA SDS,		andalk	IN NURSING HOME C	2810 Moorgate Road Maintenance OR OTHER INSTITUTION GIVE RESUENCE SEFORE ADMISSIONI							nce	Tennis Cts			
21201	I. IF ANY DELAY IS NEC 2, AND 3 TO THE FUND 3. RETAIN PAGE 5 FC 2. SHOULD BE FILED, WI AL RECORDS, 201 W. P	13a S	aryland	Bal	timore	Dund		13d. INSIDE CITY LIMITS?		13. STREET ADDRESS 2810 Moorgate				Road 2122		
	PM 3. R ND 2 SH VITAL R		ATHER'S NAME	Dar		Dulldaix		15 MOTHE	15 MOTHER'S MAIDEN NAME			Noat				
E, A	MA PM 2	Le	ewis	FIRST MIDDLE			ait	Eu			J.		Bı	Brown		
WO	PAG ORN	0	WAS DECEASED E	VER IN U.S. ARA	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORM	TANT		A	DDRESS				
BALTIMORE, MD.	24 HOURS AFTER DEATH ITEM 18, GIVE PAGES 1, LONG WITH FORM PM, PERMIT, PAGES 1 AND GIENE, DIVISION OF VIT	No)				82-763	Lewi	s Q.	Stra	it	Sar				
	~ ~ × × ⊢ ∩		18 CAUSE OF D	EATH (Enter on	ly one couse per line	for (a), (b), ar	11ch - 1					a.d	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
NO	24 HO ITEM 1 LONG PERMI GIENE,		3 74 6.00	IMMEDIAT		AS A CONSE	ALLENCE OF	unshe	F 0	owny	07	rear				
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	325658		couse (o) ste	to immediate ating the under-	DUE TO, OR	AS A CONSE	OUENCE OF					11/20				
201 W.	EXAN EXAN FINE FORE ION, O		lying cause	last.	(c)											
RECORDS	UID BE EXECUTED THE MEDICAL EXA THE ALTH AND MICH.		PART 2 DTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED	TO THE TERMINAL DIS	EASE DR CONDITION	GIVEN IN PART	1 (a).						
S S	D BE EXE ENDING MEDICA AS A BU EALTH AI CREMA	CERTIFICATION	19g, DATE OF O	DEDATION	Tini conini	101150011111	ICII OBERATION	WAS DEDECOR	ALEDO.				T.			
1	SHOULD DRD "PE CHIEF A E USED A URIAL, C	FICA	198. DATE OF O	PERATION	IVE. CONDII	ION FOR WH	ICH OPERATION	WAS PERFORM	VAS PERFORMED?							
DIVISION OF VITAL	CERTIFICATE SH SITING THE WOR FIDED TO THE CH E 3 SHOULD BE DEPARTMENT CO DI PRIOR TO BUS	ER	YES NO 216 EXTERNAL CAUSE WAS 216 TIME ON INJURY 216. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)											NO L		
0	FICATE VOLID ON TO SE TO		UNDERLYING CONTRIBUTING	CAUSE OF I		MONTH D	AY YEAR	Self-	melic	tel &	ill:	wou	nd			
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	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA	23a B	URIAL, CREMATIC		3b DATE	23c. NAA	NE OF CEMETERY		RY	23d. LOCA	TION		COUNTY	STA	ATE.	
	BP	Bu	ırıal		9/18/198	4 Du	laney V			Bal	timo	re	1	[ary]		
	DHMH - 17	24. F	NAME	RDuda-1	Ruck, ADD In			2	OF D	C'D. BY RE	GISTRAR 2	b REGISTRA	R'S SIGNAT	URE		
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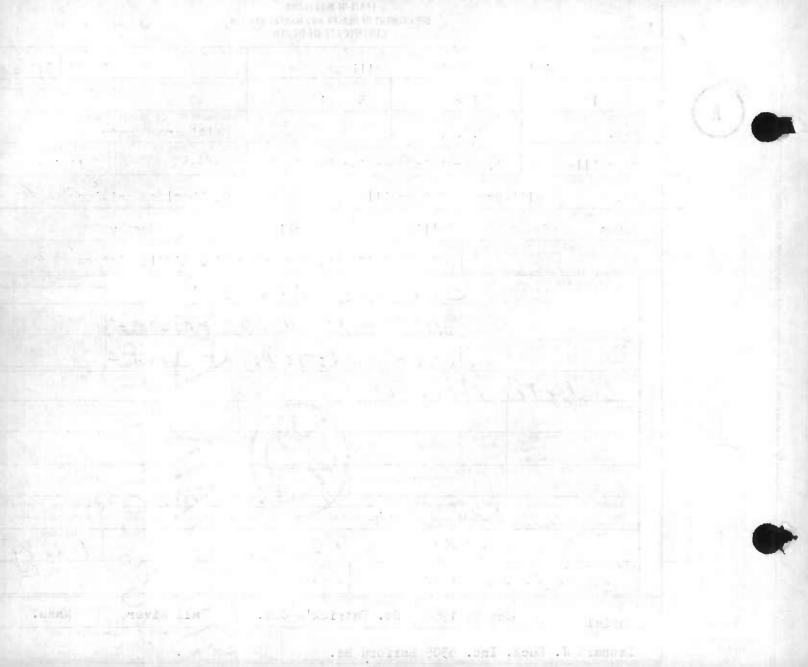


DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) Sullivan 22 84 David 9 7:15a M Daniel 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 04 HOURS 14 White Male 80 **BALTIMORE CITY OR COUNTY OF DEATH** 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY) U.S.A. Baltimore County Mass. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) St. Martin's Home for the Aged Religion filed Catonsville BALTIMORE, MARYLAND 21201 in be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE filled ould b Baltimore Catonsville 13d INSIDE CITY LIMITS? St. Charles Monistary Md. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST puo Sullivan Edward Jennie Murphy James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT puo (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sr. Mary Augustine Little Sisters of the Po 023-40-5042 no the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)
PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE 60 Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OF underlying couse last SCLEROTIC HEART DISEASE DIVISION OF VITAL RECORDS, 201 à CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? buriol-tronsit peri NO YES T NO T certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE morked NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram DIRECTOR saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN old be deto FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRES MD 2 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mass STATE (SPECIFY) St. Patrick's Cem. Fall River Sep 27 1984 BP. Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J. Ruck, Inc. 5305 Harford Rd.



offending physician and c love carban papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbon-popel with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, as remayal.

etoined by the hospital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN. The

MPORTANT: If Item 21 is marked or Item 18 shows

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STATE OF MARYLAND FOR STATE REGISTRAR

HAPSLOFCHIMES 2325 YORK ROAD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Ň	ARYLAND	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D XX NEVER MARRIED DIVORCED	9 BALT IN	ORE COUNTY		MD.
10 CI	TOWSON		HOSPITAL, NURSING THE FACILITY, GIVE STREET AI N CHARLE	DDRESS)	T GBMC	PROPRIE	JPATION NOST OF WORKING LII LTOR	SUPER	OF BUSINESS OR RMARKET
USUA 13a. S	RESIDENCE (IF NURSING HOME OF TATE MARYLAND BA	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE A 13 CITY OR TOWN BALTIMOR	E	134 INSIDE CITY LIMITS? YES NO TA	130 STREET ADDR	ESS ZIPCOR		21 21209
	THER'S NAME FIRST HARRY	WIDDLE	SUSKIN		15 MOTHER'S MAIDEN NAMES ESTHER	MID		SUSKIN ^{'^}	
16a W	(AS DECEASED EVER IN U.S. A FS NO OR UNKNOWN) (1E YES C WW)	RMED FORCES?	212-18-4		17 INFORMANT MR	S. JEANET AFF RD.	BALTO.		21 21209
	PART I. DEATH WAS CAUSE PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	CARDIO	RESINCE OF DEE	PIRATORY ARE BILITATION BONE CANCES			BETWEEN	XIMATE INTÉRVAL LONSET AND DEATH
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	VEN IN PART 1	10,
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH C	OPERATIO .	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FIND (FYING CAUSE: S	NGS USED S OF DEATH? NO []
	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	P INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, FAI	RM ETC }	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	22a.1 certify that (!) (this hose sow the deceosed alive a obove, (!) (we) (did) (did a 22b. SIGNATUR	9/1	3 19 8		9/6 , 19 84 nd that in (my) (our) opinion (deoth occurred on	the date and hou	or and from the	that (I) (we) lost couses stated
	Theme	Cel	ener		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []		13/84
	DR. T. GR		72176		GBMC				
23a B	URIAL, CREMATION, REMOVA	SEPT.1			EMETERY OR CREMATORY I TFILOH	23d LOCATION CITY OR TOV BALT I	WN	COUNTY	YLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

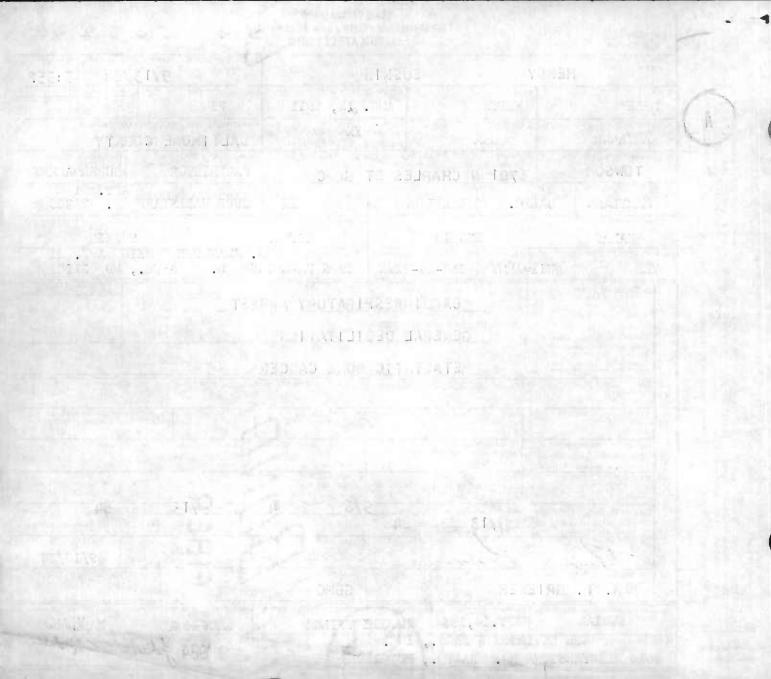
BP

TO FUNERAL DIRECTOR: After

r use as the burial-transit permit. Then Health and Mental Hygiene priar to bu

should be detached for use as the burial transit permit, with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If tem 21 is marked or Item 18 shows any

24 FUNERAL DIRECTO/SOL LEVINSON & BROS INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 250. DATE REC'D. BY REGISTRAR 256 REGISTAR'S SIGNATIVE MANAGE SEP 1 9 1984 June Davidson Trinde



DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HQUR LIYPE OR PRINTS **EDWARD** J. SWENSON September 25, 1984 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR MONTH DAY VE AD HOURS Male White 28 To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED U.S.A. plorado DIVORCED Baltimore County. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 146 Hollow Brook Road Timonium red. S.S. Adm. -U.S. Govt. USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE AATY/4nc imonium Hollow Brook A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Ellen Nelson Pau] 0 Swenson A. 146 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OF DATES) 40.00.11 YES 578-14-5781 Carolyn G. Swenson - Same as #13e APPROXIMATE INTERVAL BETWEEN ONSEJ AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY 24 hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO [YES [21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE 10mbel 220 I certify that (I) (this hospital) attended the deceased from September 25 and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated 77% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

LCBATO EMILIO 23a. BURIAL, CREMATION, REMOVAL 236. DATE

22d PHYSICIAN'S NAME (TYPE OF PRINT

(SPECIFY)

Burial

231. NAME OF CEMETERY OR CREMATORY

Dulaney Valley

22e ADDRESS

Timonium, Baltimore, Maryland

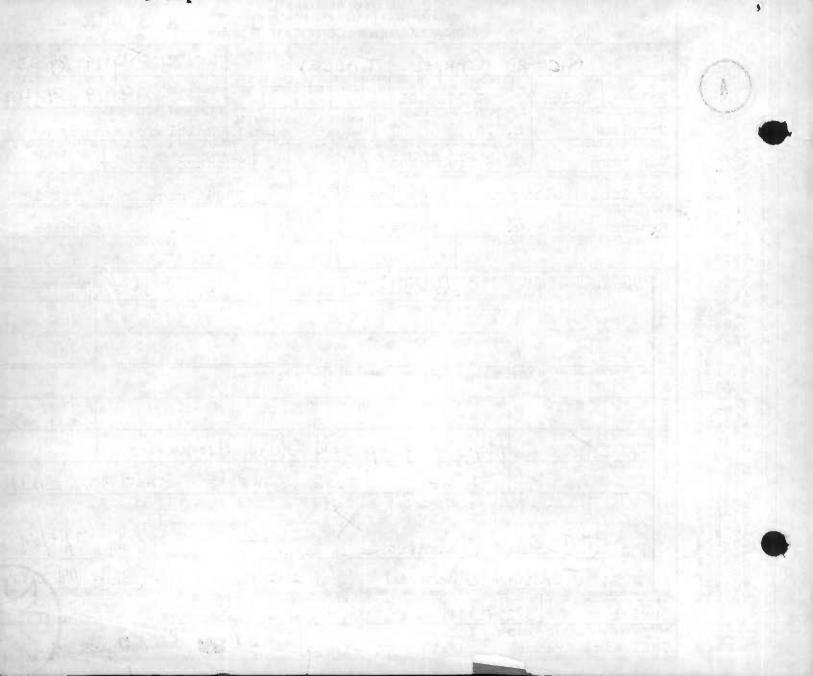
DHMH - 16 50M 4/83 (VRA 15, 4)

9-28-84 24 FUNERAL DIRECTOR ADDRE 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAFURE DATE

iton Ec. C

C/ 1		_ FOR			DEPARTA	STA	TE OF M	ANDM	ND ENTAL H	VOIENE		0	7 0	-3	100	
R		1 - STATE REGISTRA	AR			XAMIN			16	FDEAT	Н	REG. N) () NO.	Lun	2	
		1. DECEASED ((TYPE OR PRINT)	NAME RICH	ARD CI	ARVE	L -	TAL	LEY	,		OF DEATH	ESTI- MATED	MONTH	19	1984	26. HOUR
	(1)	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE		DER 1 YR.	IF UNDER 2	24 HRS. 2c.	DATE ONOUN DE AD	CED	MON	DAY C	YEAR	2d. HOUR
	S S S S	Male	White		1963	21 Y	RS.						7	17	1984	2150
	DANGER S	70 BIRTHPLAC	NTRY	76 CITIZEN OF WI	HAT COUNT	RY?			VER MARRIE	D X			OR COUN		10111	
	IS NEC E FUNE E 5. FC ED, WI	Maryl	WN OF DEATH	U.S.A.	PITAL NUR	SING HOME	OR OTH		DIVORCE				re C			MD.
	DELAY II 3 TO THE IN PAGE RDS 201	Edgem		3206 G	race	Reet ADDRESS)		FOR MOST OF WORKING LIFE) Theatre Manager						OF	OR INDUSTRY	
21201	JURS AFTER DEATH. IF ANY DELAY IS N 18. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5. IIT. PAGES 1 AND 2 SHOULD BE FILED. 5. DIVISION OF WITH RECORDS. 201 W	Maryl	13b COUN	imore	13c CITY	or town emere		13d. INSIDE C	NO X	13e STREE	6 G1	ss race	Roa	d	212	19
WO	1, 2, M 3. D 2 S D 2 S (4) A L	14. FATHER'S N		MIDDLE	L	AST		F	ER'S MAIDEN	NAME	MI	DDLE			LAST	
ORE	GES GES SW P SW P OF V	Ernes	EASED EVER IN U.S. AR/	C.		lley	V NO	Ca 17. INFOR/	arla		N	ADDRES		Car	rmie:	r
SALTIM	S AFTER GIVE PA GIVE PA TIH FOR PAGES I	NO NO, OR U	(IF YES, GIVE	WAR OR DATES)	213-	72-22			est C	. Ta	lley		Sam	e as	s 13	e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	SHOULD BE EXECUTED WITHIN 24 HOURS ORD "PENDING" IN PENCIL IN ITEM 18, G CHIEF MEDICAL EXAMINER ALONG WITH OF BOSED AS A BURIAL - TRANSIT PERMIT, PI TO F HEALTH AND MENTAL HYGIENE, DIN URIAL, CREMATION, OR REMOVAL.	gav cau lyin	ditions, if any, which e rise to immediate se (a) stating the <u>undergouse last.</u> HER SIGNIFICANT CONDITIONS	(b)	AS A CONS	SEQUENCE (OF .	OR CONDITIO	O GIVEN IN PAR	T1 (e)						
RECOR	D BE E PENDIN MEDIC AS A EALTH CREM		E OF OPERATION			VHICH OPER								120	AUTOPSY?	
VITAL	SHOULD CHIEF N CHIEF N TO THE SUBJECT CHIEF N	TIFIC													YES	NO
ONO	CERTIFICATE TING THE W SED TO THE 3 SHOULD E DEPARTMEN I PRIOR TO E	S UNDERL CONTRI	BUTING CAUSE OF I		MONTH	17.9	4 5-	ell in	LILLE	(ENTER NAT	e cy		18 PART I OR		1100	. ,
DIVIS	HIS CER' WRITIN WRDED ARGE 3 SI ATE DEP	WHILE AT WOR	RK D NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ET	(AT HOME,	33	TREET LOG	GRA	CE R	TY OR TOW	BA	Hr. 9	45.	21	STATE 219
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		TCIA	ral couses ,	Accident		Autops icide M.	, Homie	Inspection cide	Undetern	Inquiry	nner	and in my c , DATE SIGN	9	1/14/	84
	MEDICAL ECUTE THE NGE 4 SHO FUNERAL TER DEATH			SSAW O	'Dono	VAN		ADDRESS_	2112	Dund	alk	Not.	, Ba	lto	Md. 2	1219
	PAFO A A	(SPECIFY)	EMATION, REMOVAL 2			AME OF CEA		RCREMATO	ORY	23d. LOCA			CO	UNTY	STA	
	BP	Buria 24 FUNERAL E	DIRECTOR Duda-	9/22/198	34	Oak I	Jawn		25a. DATE RI	Bal	timo		GISTRAR'S		lary]	land
	DHMH - 17 (VR A15 ME (5))	7922	Wise Aven	ue Dur	ndalk	, MD.	212	222	SEP 2	2 1 19	84	Julia	Savidse	~23	- Char	-
	20/A 4 /82														-	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

3

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.				
	ORPRINT) HOL	FIRST		Lee	7	4YLOR,Sr.	20. DATE OF DEATH M	9 - 30 -	YEAR 84	26 HOL	1845 A M
3. SE)			4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UN	HS DAYS	IF UNDER	R 24 HRS
	Male		White	9	Feb.	28,1915	69	YRS. 7	7 2	HOURS	Mills.
	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR				
	Virginia		U.S		WIDOWE		Baltimor				MD.
	tonsvill	- 1	(IF NOT IN SUCI	HOSPITAL, NURSIN HEACILITY, GIVE STREET A NOOK		Home	126. USUAL OCCUPATIO LTYPE OF WORK FOR MOST OF V Contracto:	WORKING LIFE)	2b. KIND O NDUSTRY	F BUSIN	ESS OR
130 S	AL RESIDENCE (IF NURSI TATE Tyland	43b. COUN	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Sykesv	ADMISS(QVI)	13d INSIDE CITY LIMITS? YES NO X	136 STREET ADDRESS / 4728 Wood	ZIP CODE	Rd.(217	84)
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST		
	Robert		Lee	Taylor		Mary	E.		Wrie	ht	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRES		- 8		
	YES, NO OR UNKNOWN)			212-14-	-8676	Lillian M.	Taylor.	Same A	S #1	3	
MEDICAL CERTIFICATION	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which redicte go the lost. IFICANT CO INTERPRETATION WHITE AND TO THE	DUE TO, OF DUE TO, OF (c) 19b CONDITIONS CO 19b	R AS A CONSEQUE R AS A CONSEQUE NIRIBUTING TO D TION FOR WHICH FINJURY MONTH—DA	NCE OF NCE OF DEATH BUT OPERATIO Y YEAR 19	NOT RELATED TO THE TERM NOT RELATED TO THE TE	100 AUTOPSY? YES NO DEPARED (ENTER NATURE OF INJURY)	ZEG IF YES, WINCERTIFYING YES IN III M 18 PART I	ERE FINDING CAUSES ORPARI	NGS USE OF DEA NO [STATE (we) lost

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

FOR

24. FUNERAL DIRECTOR

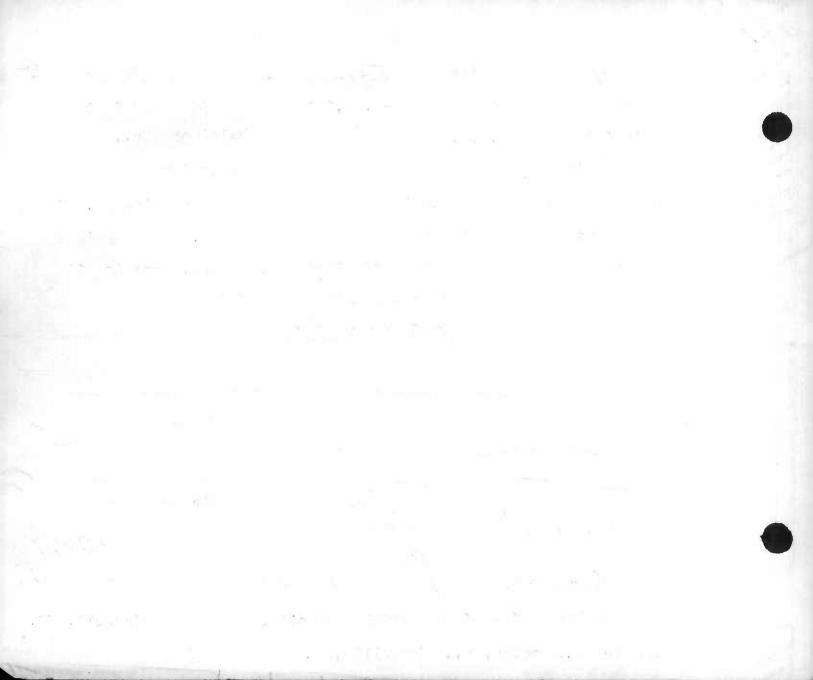
Charles W.Burrier, Jr., Sykesville, Md.

10-3-1984

23c NAME OF CEMETERY OF CREMATORY

Lakeview Memorial Carroll, Md.

MPORTANT: If Ite



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚙

3 8

Jest 1	1 -	FOR STATE REGISTRAR	DEPART	REG. NO	3 8 2	. /		
`		EASED NAME FIRST	MIDDLE	i.	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(TYPE	ORPRINT) MARY	. T.	TAYI	OR	SSDTS MI	BSR7. 1981	43A. M.
× 1	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
	FS	MALE	WHITS	MONTH		89	YRS.	YS HOURS MIN.
5	M BI	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8.	NEVER MARRIED	9. BALTIMORE CITY O		
21	677	PRYLAND	U.S.A.	WIDOWE		BALTIMO	RE COUNT	-4 MD.
30		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C		12a USUAL OCCUPATION	ON 126. KINE	O OF BUSINESS OR
70		MSON	VALLSY RURS	no H	oms	AT Hom	5_ 114D0311	<u> </u>
35	USUA Ba S	AL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 13. CITY OR TOV ARXIVITY ARXIVIT		13d INSIDE CITY LIMITS?	130.STREET ADDRESS /	ZIP CODE	21234
201	FL.FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	MIDDLE		1 AST
200	1	WILLIAM	FRAUNHOL	2	SVA	W.	SCHM	PT
O To		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS	
11	1	No L	21374	1923	-AMILY	KECOROS		
ent, th		PART I. DEATH WAS CAUSE		1 -1	e covenay a	est. de sea	BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
9		IMMEDIA	The Critical (a)		241010090	- any carrie		
to mo		Candidan if an abid	DUE TO, OR AS A CONSEQU	JENCE OF	ť	•		
tro		Conditions, if any, which gave rise to immediate	(b)					
othe		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF				
, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEAIH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
الم الم	N O	fe	very cerric	al	Kurtosis			
è di	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
The same of the sa	TEK					YES NO	YES [NO [
80 %	CER	21a. ACCIDENT WAS UNDERLYING	THE PART OF THE PA	DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
E	AL	OR CONTRIBUTING CAUSE OF DE	AIR	19				
5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	5 - D 575 -	211 LOCATION	CITY OR TO	wn COUNTY	STATE
morked	2	AT WORK NOT WHILE	AT HOME STREET, PACTORY, OFFICE	FARM EIC)			0 - 5-1	
e E		22a 1 certify that (I) (this bosp	ottended the deceased from		ept 1978		7-7 187	_, that (I) (we) last
21		saw the deceased alive or	ot) view the body ofter death.	8 7 or	d that in (my) (and opinion	death occurred on the do	ate and hour and from	the couses stated
Hen		77k SIGNATURE	1/		DEGREE			ATE SIGNED
生产		merry (- Konschurt	'n 1	ATTENDING PHYSICIAN	MEDICAL STAP	IAN 9-	7-84
TAN TO		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		0 \	-
MPORTANT, If Hem		DR. MARION	C. KOWAISW:	ski	8604 HA	RFORD ROP	10-TARKI	241
≥		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	E	SURIAL	SEPT-10,1984 1	ARKW	25 Emelous	1 MARKVILL	& BALTO. P	TARYLAND
4/83	24 FL	JNERAL DIRECTOR	ADDRESS	8800		TÈ REC'D, BY REGISTRAR	256 REGISTRAR'S SIGN	
	>	1200112220	2 - M = 0 - 0 - 5 =	11005	-00 00 0	EL TO MOA	1	· · · · · · · · · · · · · · · · · · ·

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corbonappers. Fagure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



	DEPARTN	NENT OF H	OF MARYLA	MENTAL HYG	REG. N	2;	3 8 2	2 8
MIDD	IE		ST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
В.		THO	MPSON	JR.		9-	21-84	10 PM
CE		5. DATE O			6 AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	HOURS MIN.
White		July	27, 1	897	87	YRS		NOURS MIN.
TIZEN OF WH	AT COUNTRY?	8.	□ NEVER A	A BRIED	9 BALTIMORE CITY C	R COUN	TY OF DEATH	147-1-14
USA	4	WIDOWE		ORCED	BALTIMOR	RE C	OUNTY	M
AME OF HOS	PITAL, NURSIN	G HOME O	R OTHER INST	ITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
OTNOR	TH"CHA	RLES	ST.	(GBMC)	Executiv			tile Ind
13c	RESIDENCE BEFORE CITY OR TOWN terstow	N	13d. INSIDE C	ITY LIMITS?	130.STREET ADDRESS Beaverbr		DE	
	LAST	TEQ/		MAIDENNA	ΛE			
The	mpson	. Sr	Mar	FIRST	MIDDLE		? "	AST
ORCES? 166	SOCIAL SECU		17. INFORMA	NT	ADDRI	ESS		1 100
R DATES)	09 12 5	5553	Dr. E	arl P	Galleher	. Jr	Balt	ME
cause per line	for (a), (b), and	d (c).)			TIC ANEUF		APPRO	XIMATE INTERVAL NONSET AND DEATH
UE TO, OR AS	S A CONSEQUE	NCE OF						
(b)								
JE TO, OR AS	A CONSEQUE	NCE OF					0.00	
(c)								
TIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION	GIVEN IN PART 1	10
96 CONDITIO	N FOR WHICH	OPERATION	N WAS PERFO	RMED	20a AUTOPSY?		YES, WERE FIND	
					YES NO	IIA CEK	TIFYING CAUSE YES [NO [
b. TIME OF IN	JURY MONTH DA	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM I	8 PART (OR PART 2)	
P.M.		19						

PART 2. OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 19b. CO 210. ACCIDENT WAS UNDERLYING 21b. TIM HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that the (this haspital) attented to the deceased from 1984 84 saw the deceased alive an abave (Ib(we) (did) (did not) view the bady after death. and that in (my) (our) apinion death accurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL 9/21/84

S.P. GIRDHAR 23a BURIAL, CREMATION, REMOVAL Burial

274 PHYSICIAN'S NAME (TYPE OR PRINT)

GBMC, Balte., MD 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

St. John's Phurch

COUNTY Glyndon

MD

24 FUNERAL DIRECTOR 4905 York Road Balte., MD

STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

COUNTRY) Delaware CITY OR TOWN OF DEATH

13a STATE

CERTIFICATION

MEDICAL

ORTANT

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

MD

4 FATHER'S NAME FIRST

Male

TO BIRTHPLACE (STATE OR FOREIGN

Towson

Henry

(YES, NO OR UNKNOWN)

Yes

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITU

60 WAS DECEASED EVER IN U.S. ARMED FORCE

Conditions, if any, which gave rise to immediate cause (a), stating

underlying cause

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY

3. SEX

HENRY

13b. COUNTY

Balto.

в.

(IF YES, GIVE WAR OR DATE WW

IMMEDIATE CAUSE (O.

MIDDLE

4 RACE

7b. CITIZEN

11. NAME 6701

9/24/84 Henry W. Jenkins & Sons Co.

23b. DATE

1212

PHYSICIAN DIRECTOR PHYSICIAN

elia Davidson-Randelle

THERRY PROBLEMS AND WHEN THE July 27 - 11/7 Wels YT LOS ESSOR ITJAN (ELLE X en-welet To on , I I will be I. (ii ...) Executive Textile In . VP Esito. Faisterstown x Easterbreak Enry, 21185 Henry . The been, er. Mery Ye WWI 100 12 EDES Dr. Earl F. Gilleher, Jr. Billio. M. MESSOUSPIA CHITHUAL IA-LIN CUA CUSTUTSUA 1-11-0 GENC Eath., of uni-1 -/ 4 t. John's Church (lyn on, Hanny M. Jankins Cons Co. ELE York Ford Ealton, VD 01212 wind as

	1			STATE OF MARYLAND		
1	1	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL F	TYGIENES 4 2	3829
10	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
•		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3 75	TYPE	ORPRINT) LLOYD	A.	TicsR	SSPTEMBER &	14. 1984 7:20 A.
[A.]	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	U UNDER TYEAR IF UNDER 24 HRS.
: (85A)	10	1915	WHITS	MAY 5. 1905	79 YRS	MONTHS DAYS HOURS MIN.
2 3			b. CITIZEN OF WHAT COUNTR	277 8	BALTIMORE CITY OF COUNT	
4 55	m	AR4LADD	U. S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		DUNTY ME
1 24 5	10. C			SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
# #p #10	To	iwson	VALLEY VISU		C++P. TSL. CO	LIFE) INDUSTRY
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- Book		No	21205	0983 FAMILY	RECORDS	
ficate b hysicion popers. lovol.		18 CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b),	ond ic X	0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E		PART I. DEATH WAS CAUSED IMMEDIATE	/ - /	i Induran	Jacobano	Suestell
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beer mit.	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
The li cion.	E					YES NO
7 % 00 7 00	Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM IS	8 PART OR PART 2)
SICIAI ng ph certifu vrial-tr tental	SAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
HY Base of P	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
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A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this hospit	ol) attended the deceased fro	m	74 to 9-2	4.19 4, that (I) (we) lost
TTER pprior CTO for for of H		sow the deceased alive on above, (1) (we) (did) (and not	9-24-84 19	opin , and that in (my) (ian death occurred on the date and h	our and from the couses stated
OR A DIRECTOR		226. SIGNATURE	2 //	DEGREE		22c. DATE SIGNED
AL O The D detoo		Dorl V	· Koussen (X. MO. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9-26-4
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DHMH - 16 50M 4/83 (VRA 15, 4)

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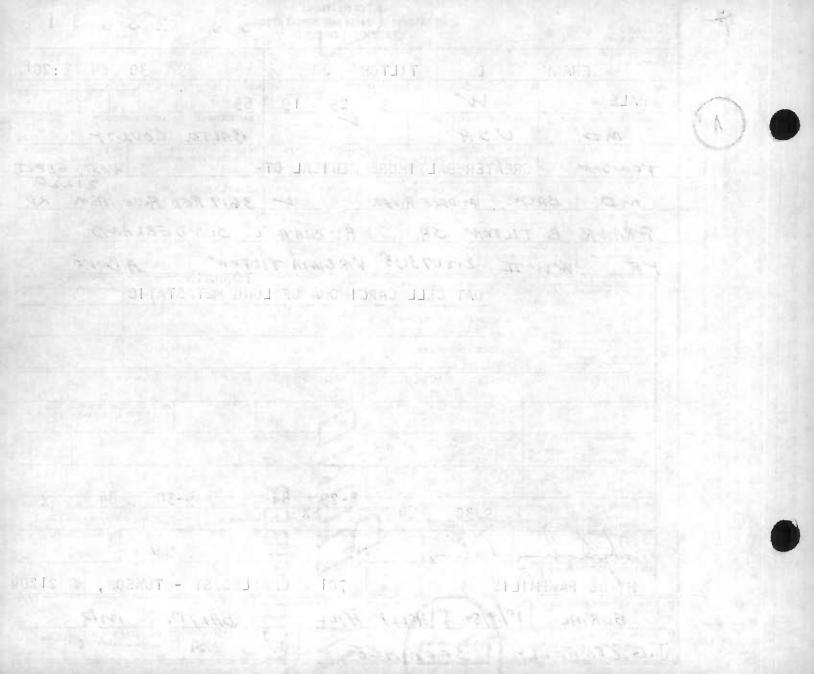
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS?

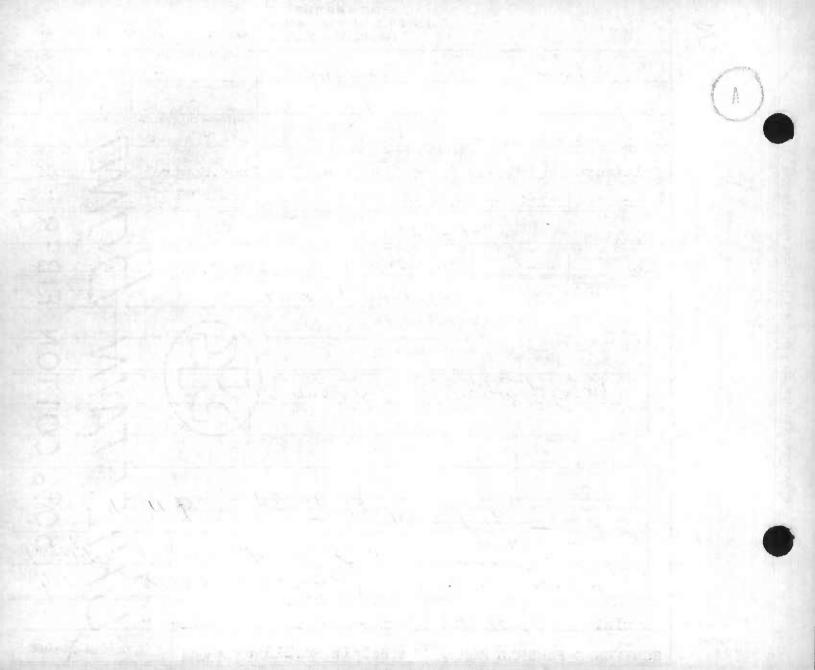
CERTIFICATE OF DEATH

FOR

- STATE



3	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	3 3 3	2
(Age		CEASED NAME FR: OR PRINT) E/ME K M-/-		MIDDLE	7	an us fbirth	20. DATE OF DEATH MOI	7-11-84	HOUR LO PM MDER 24 HRS URS MIN.
by the funeral or filed within 72 has	B.	RTHPLACE (STATE OR FOREIG COUNTRY) 1 Timore M TYOR TOWN OF DEATH altimore	1d. USA	HOSPITAL, NURSIN HFACILITY, GIVE STREET	WIDOWE IG HOME O ADDRESS)	NEVER MARRIED DO DINORGED TO THE INSTITUTION	9. BALTIMORE CITY OR C Baltimor 12a. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Prod. Contro	e County 12b. KIND OFBUS	Corp.
MARYLAND 212 ed within 24 hou ond 2 should be examiner must be	13a.	Maryland Ba	COUNTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Glen Ar	N 1	13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NAI	11321 Gle	len Arm, MD n Arm Rd, 2	1057
BALIIMOKE, MAR cate be executed w ysicion and comple opers. Pages 1 and val.	16a. \	William VAS DECEASED EVER IN U. VES, NO OR UNKNOWN) NO		imanus 166 SOCIAL SECU 214-03-	2876	Sophie 17. INFORMANT Dorothy Ti	ADDRESS manus,Wife	Ault , same addr APPROXIMATE BETWEEN ONSET	
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon p uriol, cremation, or remo v. or other froumotic ever	CERTIFICATION	Conditions, if ony, whi gove rise to immedic couse Ia), stating t underlying cause la	DUE TO, OI che the bost. Can't Conditions CC DUE TO, OI CC CC DUE TO, OI CC CC CC CC CC CAN'T CONDITIONS CC CO CO CO CO CO CO CO CO CO	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO	ENCE OF ENCE OF	NOT RELATED TO THE TERM NOT RELATED TO THE TERM N WAS PERFORMED	rack inte	DE IF YES, WERE FINDINGS LINCERTIFYING CAUSES OF D	USED
DIVISION OF VITAL RECORDS, 1. OR ATTENDING PHYSICIAN: The low requir the hospitol or attending physicion. 1. DIRECTOR: After this certificate hos been signatorhed for use as the buriol-transit permit. Then the Dept. of Health and Mental Hygiene prior to be the Dept. of Health and Mental Hygiene prior to be the Table of Mental B shows any injury.	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTHY MEDICAL EX 21d INJURY OCCURRED WHILE AT WORK AI WORK 22a.1 certify that (I) (this sow the deceased oil above, (I) (we) (did) (€ 22b. SIGNATURE	AMINER) TO F DEATH P. The PLACE of Inthone STR Those in the place of the place	M. MONTH D. M. OF INJURY DEET, FACTORY, OFFICE, I	ARM, ETC J	21f LOCATION STREET 19 4 That in (bey) (our) opinion DEGREE	CITY OR TOWN city OR TOWN death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY COUNTY Thot joint hour ond from the couse	
TO HOSPITAL etoined by the TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME	M-M.	TON		Manor Ca	re Towsv.	14 17 178	sφ.
BP	24 F	BURIAL, CREMATION, REMI SPECIFY) BURIAL UNERAL DIRECTOR NAME	9/14	1/84 I	arkw	ood Cem	23d LOCATION CITY OF TOWN Balto, E REC'D. BY REGISTRAR 25b.	Md. REGISTRAR'S SIGNATURE	STATE
(AUM 191 -1)	S	CHIMUNEK FU	UNERAL HO	ME, 970	s ReT	air Rd,212	P 1 4 1084 19	MAN PROPERTY OF A PARTY	



Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

(VRA 15, 4)

STATE OF MARYLAND

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FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE	REG.	2	3	8	3	4
EASED NAME	FIRST	WIDDLE	LAST	2a. DATE	OF DE ATH	HTMOM	DAY	YEAR	2b. H	OUR
	JEROME D.		TOLAND			9/29	184	12	10	:1
	4 RA	ACE	S DATE OF BIRTH	6. AGE 1	IN YEARS LAST S	BIRTHDAY	IF UNDE	ERTYEAR	IF UNI	DER 24

SEX To BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY?

Parulana

4. RACE DATE OF BIRTH

YEAR MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY 17b. KIND OF BUSINESS OR INDUSTRY

CITY OR TOWN OF DEATH TOWSON

> Conditions, if ony, which gove rise to immediate

190 DATE OF OPERATION

21d. INJURY OCCURRED

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130 STATE

Balto

113d. INSIDE CITY LIMITS?

13e.STREET ADDRESS / ZIP CODE

Sipple Avenue-21

4 FATHER'S NAME FIRST

No

WIDOWED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CELL

LUNG CANCER DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

couse (o), stoting the underlying couse

21e. PLACE OF INJURY

PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F

71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M. 19

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

211 LOCATION

CITY OR TOWN COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NOF

22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not)

DEGREE 22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

NOT WHILE

J.M. LUSTBADER

GBMC 23c. NAME OF CEMETERY OF CREMATORY

Gardens of taith (em

STATE

BP. 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

John C. Miller Inc-6415 Belair Rd.-21206

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) MARGARET A. TREADWELL September 2, 1984 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Female November 3, 1921 White 62 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIEDEN NEVER MARRIED Maryland Baltimore County U.S.A. WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Type of work for most of working Life)
Homemaker 200 Rothwell Drive INDUSTRY Lutherville Lutherville 13e.SIREET ADDRESS, ZIP CODE Drive 21093 Baltimore 13d. INSIDE CITY LIMITS? Maryland NO F 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Reidinger Maude Hyser Ernest 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? CHE YES GIVE WAR OR DATEST Alvin A. Treadwell 200 Rothwell Drive 21093 214-14-9561 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ARCINOMA IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate (a), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED HOUR A'M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AI HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on ond that in (my) tour opinion death occurred on the date and hour and fram the causes stated obove, (1) (we) (did) (did no DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN University Hospital Everard F. Cox, M.D. 23s. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial Ruck Towson Funeral Home, Incores Towson, Maryland

9-5-1984

Dulaney Valley 1050 York Road

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cockeysville

COUNTY Maryland



FOR - STATE REGISTRAR L DECEASED NAME

LITYPE OR PRINT)

COUNTRY

Female BIRTHPLACE ASTATE OR FOREIGN

MD 10 CITY OR TOWN OF DEATH

Towson

3 SEX

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Poges

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FUNERAL DIRECTOR , void be detached for use hithe State Dept. of Hea

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MPORTANT:

24 FUNERAL DIRECTOR

4905 York

FIRST

LOUISE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

4 RACE

76 CITIZEN OF

11. NAME OF I (IF NOT IN SUC Holly

Henry W. Jenkins & Sons Co.

21212

Road Balto., MD

	DEPARTN	LENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES — A	2 REG. NO.	3 8	3 8	
,	MIDDLE	· i	AST	20. DATE OF D	EATH MONTH	DAY YE	AR 26 HOU	R a
1	H. T	RENH	HOLM	Sept.	24, 19	984	7:05	5 M
ACE		5. DATE C		6 AGE (IN YEAR		IF UNDER 1		
White	2	Sept	. 20, 1892	9	92 _{YR}		AYS HOURS	MIN.
ITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE	CITY OR COUN		Н	
USA	4	WIDOWE	D NEVER MARRIED D	1	imore (Country		MD.
NAME OF I	HOSPITAL, NURSIN	G HOME C	PROTHER INSTITUTION Home	(TYPE OF WORK FO		G LIFE) INDUS	nd of Busine try	SS OR
RINSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Balto.		13d INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP CC Stony	ODE		
LE A	House		15. MOTHER'S MAIDEN N		WIDDIE	Ho1	lland	
FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
R OR DATES)	220 44 6	3553	Mrs. R. V	V. Macc	donald,	Balto	o., MI	D
ne cause per (: AUSE (a)	ine for (a), (b), out	rote	Cerebrougeur	la Dise	ar.	8ETV	PROXIMATE INTER VEEN ONSET AND	DEATH
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(c)								
	R AS A CONSEQUE	NCE OF	NOT BELATED TO THE YEA	ANNA DISTACT		20/51/01/2015		

13a. STATE 1136 COUNTY MD 14. FATHER'S NAME MIDDLE William WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18. CAUSE OF DEATH (Enter only one cause p. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, C Conditions, if any, which (b)_ gove rise to immediate couse (o), stoting the DUE TO, OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 pproxCERTIFICATION 15s DATE OF OPERATION 18. CONDITION FOR WHICH DEFRATION WAS PERFORMED 78s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTX NO IT THE TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING \$11. HOW INJURY OCCURRED. LENGTH NATURE OF PRIMER PRIMER PART TORINATION. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH MEDICAL P.M LE SITHER NETTEY WEDE ALEXANDE THE INJURY OCCURRED Te. PLACE OF INJU TH LOCATION COSHITY CITY ON TOWN 57418 HOME TRREET FACTOR OFFICE PARKETCH recht wrend 320.1 certify thought) on the date and hour and from the causes stated our) opinion death occurred DEGRE 22c DATE SIGNED ATTENDING FOICAL STAFF PHYSICIAN DIRECTOR [] PHYSICIAN [22d. PHYSICIAN'S NAM 22e ADDRESS Dr. Marc I. 7600 Osler Bldg., Balto. M.D. Leavey! 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto. (SPECIFY) COUNTY 9/25/84 Burial Green Mount

BP DHMH - 16 50M 4/83 (VRA 15, 4)

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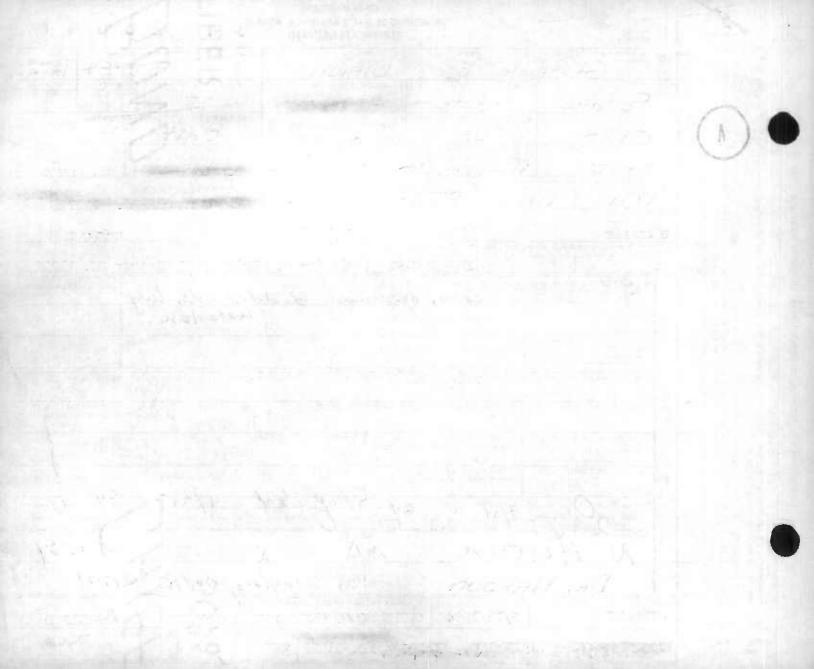
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Martin D. Lawson, 10 W. Padonia Rd. 21093

(VRA 15, 4)

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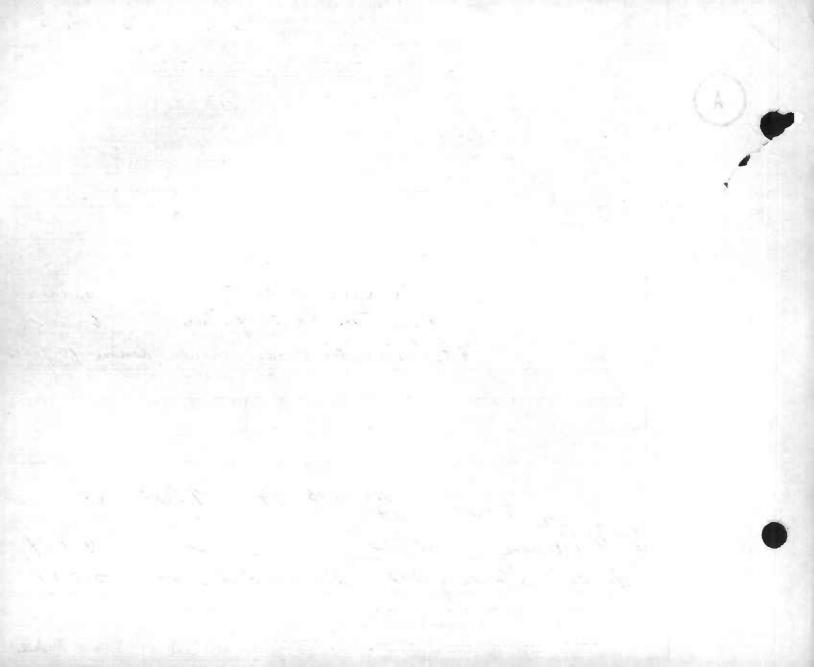


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THE PRESENT AND A SEVEN ASSESSMENT OF THE PARTY OF THE PARTY.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) SEPT. 7 1984 HERMAN Η. VRAGEL SR. 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH VEAR HOURS 1888 WHITE OCT. 30 MALE BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PENNA. U.S.A. BALTIMORE COUNTY WIDOWED ID. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OF TY (TYPE OF WORK FOR MOST OF WORKING LIFE) RIVERVIEW NURSING HOME BALTIMORE TRUCK DRIVER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 VATER JSUAL RESIDENCE, LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13d. INSIDE CITY LIMITS? 5600 ANTHONY AVE. 21206 BALTIMORE MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST UNKNOWN UNKNOWN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) SOPHIE M. YANISH (DGHTR) SAME ADDRESS 218-18-0250 NO 18 CAUSE OF DEATH Enter only one cause per line for to . (b), and PART I. DEATH WAS CAUSED BY udden IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (0), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on 2 V v obove_(1) (we) (did and not) view the body after death , and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated 22b. SJONATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN (22e ADDRESS the th 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE 9/10/84 OAK LAWN BURIAL MD. BP. BALTIMORE HOME, INC. 24 FUNERAL DIRESCHIMUNEK FUNERAL 250. DATE REC'D DHMH - 16 60M 1/75 3331 Brehms Lane, Balto. Md. 21213SF (VRA 15 (4))



physician and completely filled in by the funeral director, page 3 nappers. Pages 1 and 2 should be filed within 72 hours after death and Mental Hygiene prior ta burial, cremation, TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prio IMPORTANT: If Item 21 is marked or Item 18 shows any

deoth (

injury, or other troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 37

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO		3 8	90	
		EASED NAME FIRST	/	MIDDLE	L	AST		MONTH	DAY YEAR	2b. HOUR	_
	(TIPE)	JEANNE	V.	7	VUICI	CH	September	17,	1984		м
	3 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS	_
	F	emale	White	2	Octo	ber 29, 1927	56	MONTHS DAYS	HOURS MIN	,	
5	C	THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O Baltimore				ND.
	10 CI	YOR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET LVENVLEW		DR OTHER INSTITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKEY 126. KIND OF BUSINESS CINDUSTRY INDUSTRY OWN HOME				
5	USU A 13a. S	L RESIDENCE LIF NURSING HOME O TATE 13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Timoniu	'N	13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS /				
		THER'S NAME FIRST	MIDDLE R.	Vallian Vallian	t.	15 MOTHER'S MAIDEN NA FIRST Mable	WE		Walls		
	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS			_
ı	No.		IVE WAR OR DATES)	218-24-	5216	Eli R. Vuic	ich - Same	as #1	.3e		
	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a:									
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDII		-
		2) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	1 0			<u>- u</u>	_
	MEDICAL	21d INJURY OCCURRED WHILE OF WHILE OF WORK	21e PLACE ((AT HOME STR	OF INJURY REET FACTORY OFFICE F	211 LOCATION		CITY OR TO	WN	COUNTY	STATE	
		22a.1 certify that (I) (this hasp sow the deceased alive a above (I) (we) (did) (did n	n	19_		nd that in (my) (aur) apinion	, to death accurred on the do			couses stated	st
		TAMUM (· 800	aller			MEDICAL STAF		22c. DATE	17-198	7
		Francis C. G		M.D.		Greater Ba	ltimore Med:	ical	Center		
		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	=
		remation	9-18-8	4 W	Vestvi	ew	Baltimor	e		Marylan	nd

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Cremation 9-18-84 Westview

14 FUNERAL DIRECTOR 1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Maryland

SFP

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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other a the same and the contract of

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	63	-	5.2	A	
Gal	la	J	(3	and	
DEC NO					

1	1.	REGISTRAR				CERTIFICATE OF DEATH REG. NO.						
1		CEASED NAME ORPRINT)	Joh.		ANCIS	W	9/5/5	20. DATE OF DEATH	MONTH DAY	84	26. HOUR 31	
	3. 5EX	MAL	-	RACE	ifE	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	DAYS	IF UNDER 24 HRS HOURS MIN.	
A	C	BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? Massachusetts USA				MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF D	BUN	ety MD.	
9	7	TYORTOWN OF DE	,	STELLA	H FACILITY, GIVE STREET	ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATI ITYPE OF WORK FOR MOST O Lighting Er	F WORKING LIFE) IN	DUSTRY	BUSINESS OR	
2	130. S Ma	aryland	13b. COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS A		21	204	
0		THER'S NAME FIRST Edward J	oseph		LAST	DITYLLO	15 MOTHER'S MAIDEN NAME FORT	MIDDLE	ec c	LAST		
		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		WAR OR DATES)	024-01-0		Charles M. C		ixie Dr.	Tow	21204 son, Md.	
2	CERTIFICATION	enderlying couse lost. RT 2 OTHER SIGNIFICANT CONDITIONS C			metad	DEATH BUT	NOT RELATED TO THE TERM	RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a				
4	1100	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART TO	PART 2]		
	MEDICAL	214 INJURY OCCUR	HILE 🗍	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN C	OUNTY	STATE	
-		22a.1 certify that (II) sow the decease above, (II) (we) (? 22b. SIGNATURE 22d. PHYSICIAN'S N	ed olive on did) (did not		19		DEGREE ATTENDING PHYSICIAN (220 ADDRESS STORM)	MEDICAL STAI	F.F. 2			
		URIAL, CREMATION,	REMOVAL	Sept.			ey Valley	Timonium,				
		INERAL DIRECTOR NAME Ltchell-Wi	edefe]		ADDRESS	6500	York Rd. 250. DAT	1 3 1984	25b. REGISTRAR'S	SIGNATURA N-75M	Sel.	

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP

o rett tile dec ec lio . t syland salei ere low . I but a long the land 51 ' 5 E J. S - Carlotte State AL CONTRACTOR OF THE PARTY OF T ARLES F Sent. 13,000 m librer Willy Librarius Malto. 20,5000 its ell ie a ula mur, inc. ilto, ik. Ediz

DIVISION OF VITAL RECORDS,

 IMPORTANT: If Hem 21 is marked at them 18 shaws any injury, at ather traumatic event, the

STATE OF MARYLAND

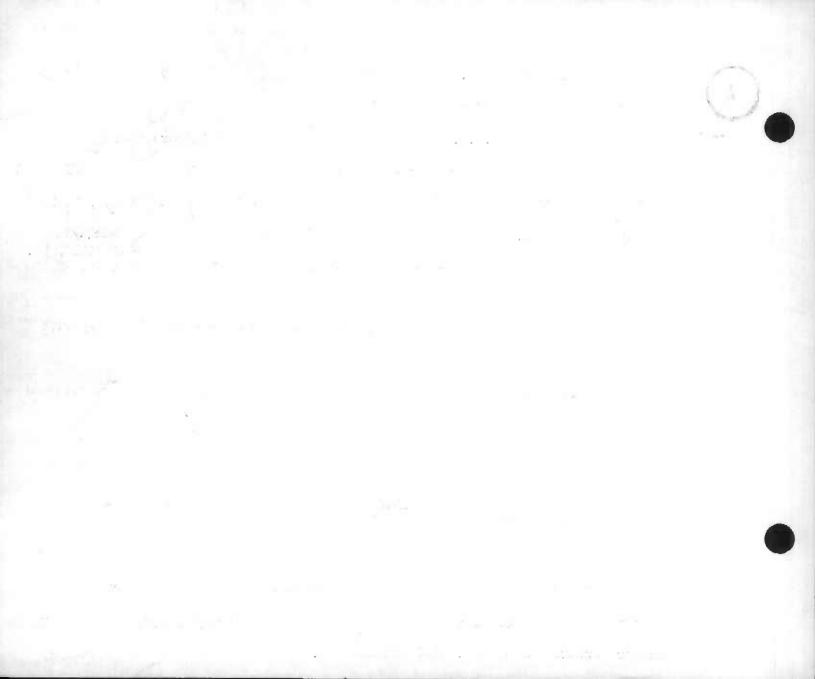
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	/1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT.		•	2 5. NO.	3	8	4	1
		CEASED NAME	FIRST		MIDDLE	į.	AST		20 DATE OF DEAT	H MONTH	DAY	YE AR	26 HOL	JR
	(IIIFE		VILLI	AM	E. WARREN					9	19	84	12:	25Am
1	3. SEX	(4 RACE	5 DATE OF BIRTH				6. AGE (IN YEARS LA	ST BIRTHDAY)		ER T YEAR	IF UNDER	24 HR5
		Male			ite	06	24 185			89 YRS			HOURS	MIN.
1	(RTHPLACE (STATE OR F	OREIGN		WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRI	ED 🗆	9 BALTIMORE CI	_				
2		MARYLAND			S.A.	WIDOWE			Baltimore County M					
0		ty or town of dea Ruxton	тн	(IF NOT IN SUC	HOSPITAL, NUR: CHEACILITY, GIVE STRI Care Nu	EET ADDRESS)	ROTHER INSTITUTION Home		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MEAT CUTTER 12b. KIND OF BUSINESS OF INDUSTRY GROCERY STOR					
5	13a S	AL RESIDENCE (# NURSI TATE ARYLAND	136 COUN		GIVE RESIDENCE BEF	NWC	13d. INSIDE CITY LIA	AITS?	13e STREET ADDRE	SS / ZIP CC LCOLM	DE CIRCI	LE,	2103	0
7	14 FA	THER'S NAME FIRST NELSON		MIDDLE T.	WARRE	EN	15. MOTHER'S MAID ELTZA	DEN NAM	\E			UNK		
		AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT			DRESS CO	CKEY	SVIL	LE.	$\overline{\text{MD}}_{\bullet}$
	()	(15 YES, GIVE WAR OR DATES)			215-05	-9382	DOROTHY W	VESSE			M CI	CIRCLE 21030 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		030
		18. CAUSE OF DEATH lenter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (a)												DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF MASSIVE CEREBROVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF											DAY	<u>'S</u>
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN SEVERE EMPHYSEMA, DIVERTICULITS URINARY TRACT INFECTION										oN		
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHI	DR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, IN CERTIFY YES NOW YES			, WERE FINDINGS USED YING CAUSES OF DEATH?		
7		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTHY MEDIC	AUSE OF DE	HOUR A	DE INJURY M. MONTH M.	DAY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OF	PART 2)		
	MEDICAL	21d INJURY OCCURR	RK		REET FACTORY, OFFIC		211 LOCATION STREET		CITY	ORTOWN	co	YIMUC	5	STATE
		22a I certify that (1) saw the ecease	(this haspi	tali attended th Septer	ne deceased from	84 Suly	d that in (my) (our)	84 apinian d	eath accurred on t		9. 19_8 laur and f		that (I) C	we) ast
		226 SIGNATURE			September 19 19 84 and that in (my laur) apinion death accurred on the date and haur ew the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN							2c DATE :		
		22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			22e ADDRESS							
4		Dr. Patri	cia S	avade1			Osler M	ed. I	Building	7600 C	sler	Dri	ve	
		SURIAL, CREMATION,	REMOVAL	236 DATE	23	IC NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION City or tow	'N	COUN	JTY		STATE
		BURIAL		09-21	-84		DON PARK		BALTIMO		Y		MAR	YLANI
	74 FI	INIEDAL DIDECTOR				21	227	750 DATE	REC'D BY REGIST	PARITS DEC	ISTP A D'C	CICALATI	IDE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



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V	

	1 - STATE REGISTRAR XC 4008	549		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2	3 8	5 U	
	DECEASED NAME FIRST OTIS	THEODORE WAT	VETSKY	ASI		25, 19		26 HOUR 8:30 P	
L	MALE MALE	4. RACE WHITE	5. DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	ASHINGTON, D.C.	76 CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED	DATESTMODES CONTRIBUSE				
F	ORT HOWARD	11. NAME OF HOSPITAL, NUR V.A.M.C., FORT	HOWAR	D, MARYLAND	IZE USUAL OCCUPATE LIVE OF WORK FOR MOST OF	ON FWORKING LIFE)	12b. KIND C INDUSTRY BRIECE		
	SUAL RESIDENCE (IF NURSING HOME OF	NTY 113, CITY OF TO	ORE ADMISSION)	CH NO DE CITY LIMITS?	BOX 101	ZIP CODE	20	0732	
4	FATHER'S NAME FIRST JEROME	MATHEN		15. MOTHER'S MAIDEN NA ANNA	LOUISE MADDLE		FARRÊ	ST IN	
16	WAS DECEASED EVER IN U.S. AR		6306	CLINICAL REC	ORDS, VAMC,		HOWARI	, MRYTAN	
	PART I. DEATH WAS CAUSE	TE CAUSE (a) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) DUE TO, OR AS A CONSECT (c)	L PNEUI	MONIA				XIMATE INTERVAL ONSET AND DEATH DAYS	
7		DER , CEREBROVAS	CULAR	ACCIDENT	20m AUTOPSY?	20h IF YES, IN CERTIFY	GIVEN IN PART TO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF DEA	R) P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES		NO []	
	AT WORK	21e PLACE OF INJURY (AT HOME STREET, EACTORY, OFFIC	E FARM ETC)	211 LOCATION STREET	CITY OR TOV		COUNTY	STATE	
	270.1 certify that (1) (this haspi saw the deceased alive an obave (1) (we) (did) (did no 77h, 367-1471)		84	nd that in (my) (our) apinian DEGREE	, to		ond from the		
-	774 PHYSICIAN'S NAME (TYPE C	OR PRINT!		ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC		19/2	16/84	

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL ISPECE TO CREMATION 9/28/84 24 FUNERAL DIRECTOR
RAUSCH FUNERAL HOME

VIJAY NARAYEN, M.D.

OWINGS, MD. 20736

CEDAR HILL

23c. NAME OF CEMETERY OR CREMATORY

SUITLAND

V.A.M.C., FORT HOWARD, MARYLAND

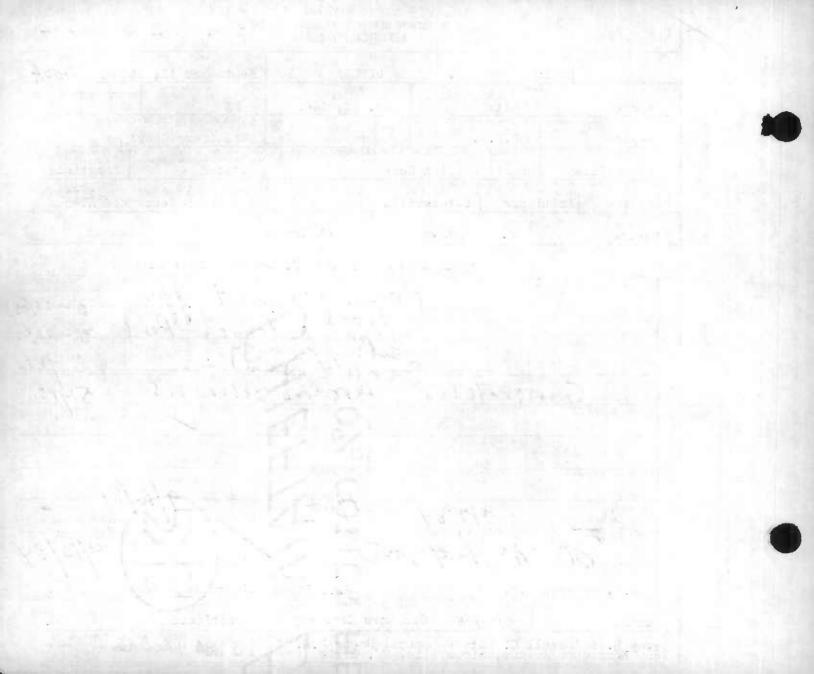
P.G.

MD.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Calver acceptable need ... THE RESERVE AND THE RESERVE AN THE RESIDENCE OF SAMPLES OF THE PARTY OF THE the same of the sa

Limbert Bridge Mr. Service and Paris AND THE PROPERTY OF THE PROPER was the large of the same and the same of the same of



injury, ar ather traumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	y-	FOR STATE REGISTRAR			ICATE OF DEATH	REG. NO	2 3	3 5	3
1		CASED NAME FIRST OR PRINT) MART	THA	W	EHL	JepX 2	9 1984	4 /	OUR 40
	3. SEX	F	RACE	5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIR)	YRS.	DAYS HOUS	DER 24 HRS
	C	OUNTRIAD	LISA-	WIDOW	- 83	DALT IM	ORE C	0401	T/M
	7	NWSON -	5H/N	GIVE STREET ADDRESS)	HOSPITAL	(1YPE OF WORK FOR MOST O		USTRY	INESS OF
7	13a. S	MD Pal		OR TOWN	13d INSIDE CITY LIMITS	13e.STREET, ADDRESS	ZIP CODE RO	212	34
6		JOSEPH IS	ukorsky	t AST	15. MOTHER'S MAIDEN NA	SIXTAMIDOLE		LAST	
1		(IF YES, GIVE V	ED FORCES? 166 SOC VAR OR DATES) 215-	05-1678	17 INFORMALIT	RECORDS			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	a), (b), and	Falure 1		. BE	APPROXIMATE IN TWEEN ONSET	AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A C	ONSTOLENCE OF	ordial Info	arction			
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A C	ONSEQUENCE OF	oronary ari	Try Dis.			
- 1	NOI	PART 2. OTHER SIGNIFICANT CO	nditions <u>contribu</u>	TING TO DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN IN P.	AR1 1to	
X	CERTIFICATION	19a DATE OF OPERATION			N WAS PERFORMED	200 AUTOPSY? YES NOW	20b. IF YES, WERE IN CERTIFYING C. YES	AUSES OF DI	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 ORP	'ART 2)	
	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO		211. LOCATION STREET	CITY OR TO	WN COU	MIA	STATE
		22a I certify that (# (this hospital	l) ottended the decros	ed from	126 19 0 9		19	that	(we) lo

and that in (a) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased glive on obove. (I) (we) (did not) view the

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTO

23a. BURIAN

REMOVAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

77e ADDRESS

STATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Gulia Davidson



FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

PARKE PS TI - P 1 ATM ST TO SHOW STATES	
FEMILE WHITE 10-2-33 51 21	
424 miles 1 2.5 8 2.5 miles	18),
STANDAR EULTIMORETEN MANNEL X 4503 SANDRA LOKE ROA	
JOHN SEYMOUR HELEN CARELL	1
NO 29 30 34 ST EDUKED P WEINEL MAD PERFE	

16		11-	FOR STATE			DEPARTMENT OF	HEALTH		2.0	2 3	8 5 5
P			REGISTRAR CEASED NAME	FIRST		DICAL EXAMI		LAST	20 DATE	REG. NO.	H DAY YEAR 26. HOUR
	SA SERVICE SER		PE OR PRINT)	RUTH	-	E		VEINER		MATED 29	4×510 84 _ M
	AND STATE	3. SE:	F	W	5. DATE OF BIRTH DAY 8-26-17			NDER 1 YR. IF UNDER	MIN. PRONOU	NCED 9	8 19 44 1/36 19 44 1/36
	S S S S S S S S S S S S S S S S S S S	FC		Н.	U.S.A	HAT COUNTRY?	WIDOV	IED NEVER MARI	CED D Be	altimore (ounty MD.
	DO THE SERIED		Baltimore		4600 Ra	SPITAL, NURSING HOP CHITY, GIVE STREET ADDRESS SPE AVENUE	-2120	HER INSTITUTION	FOR MOST OF WO		OR INDUSTRY
21201	m=0.00	13a S		136. COUNT	TY	130 CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDR	Raspe Ava	-2/206
RE, MD.	RE, MD.	14. F	ATHER'S NAME FIRST	Francia	Snuder	LAST		15 MOTHER'S MAID	izabeth Ba	MIDDLE	LAST
BALTIMORE, MD. 21201	URS AFTER DEATH. 8. GIVE PAGES 1, WITH FORM PM. IT. PAGES 1 AND 2, DIVISION OF WITH.		WAS DECEASED EVE		MED FORCES? WAR OR DATES)	212-03-2		Mr. Mark	Weinen -W	ADDACTO	er Road
RDS, 201 W. PRESTOI	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "FENDING" IN PENCIL IN ITEM 18 REDE TO THE CHIEF MEDICAL EXAMINER ALONG W. BE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IO 10 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if gave rise to cause (a) statu lying cause los	immediate ng the <u>under</u> st.	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TE	E OF	E OR CONDITION GIVEN IN P	ART I (p).		
AL RECOI		CERTIFICATION								20 AUTOPSY?	
DIVISION OF VIT		MEDICAL CERTIF		OR CAUSE OF D	P.M. 21e PLACE (MONTH DAY YE	AR 211 LO	OW INJURY OCCURR	ED (ENTER NATURE OF IN		YES NO
•	MEDICAL EXAMINER ECUTE THE CERTIFICATION GE 4 SHOULD BE FOIL FUNERAL DIRECTOR FILER DEATH, WITH THE		220. I certify the death resulted Iron ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Ratur Ratur	al causes XI,	Accident	Suicide		Undefermined m	anner	9/8/54
	DHMH - 17 (VR A15 ME (5))	(URIAL, CREMATION PECKY) (rematio UNERAL DIRECTOR NOTE John (n	9-10-84	23c. NAME OF C Green Belair Ra	mount	Cemetery	REC'D. BY RESISTA	CO An Alexander	SIGNATURE
	20M 4/82		3 0				616	0	- 1001	OV.	

19 21-35-8 Lations on riting . it. oran and the man acon and .0' " contract of the second Francis Sauden Eli anoth barnett conder of 212-142 . re. water ciner - committee, 11. - 11. T received 1-10-01 preemoint one ince

da . Tiller inc-115 colair 12.-2/205

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

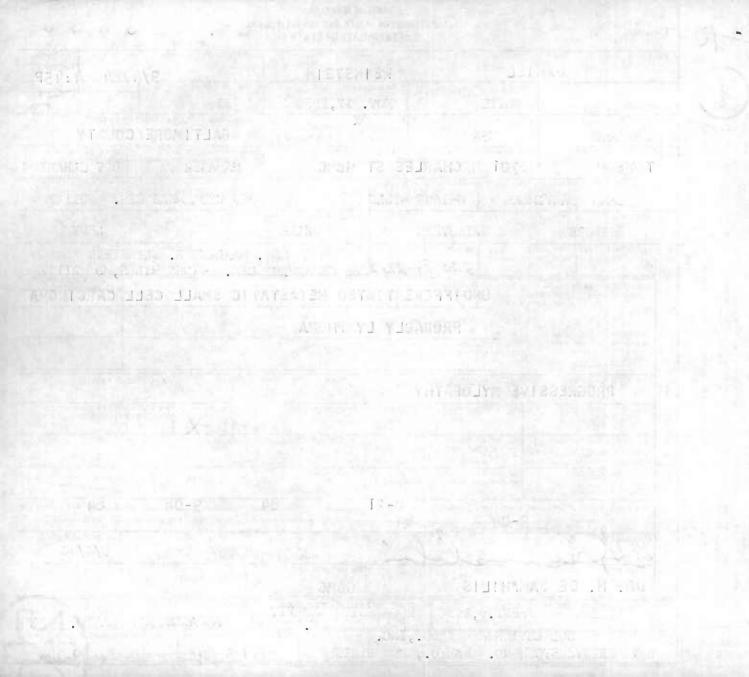
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_	1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	233	3 5 6
		CEASED NAME FIRST	MIDDLE		SST			YEAR 26 HOUR
			NIEL		INSTEIN	1.05	9/4/84	
,	3 SE	x MALE	4. RACE WHITE	5. DATE OF MONTH	. 17,1930 EAR	53		DAYS HOURS
25		IRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUN	TRY2 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
0		MARYLAND	USA	WIDOWE	D DIVORCED		MORE COU	
56		TOWSON	6701 Name of Hospital, NI	RLES ST		TYPE OF WORK FOR MOST OF MANAGER	on if working life) 12b k INDL DR	CIND OF BUSINESS
35	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL BALT	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY IMORE OWING	TOWN GS MILLS	13d. INSIDE CITY LIMITS? YES NO	265 CEDARM	ERE CIR.	#21117
H	14. F	ATHER'S NAME FIRST DORE	WEINSTE WEINSTE	IN	15. MOTHER'S MAIDEN NAM BELLE	WIDDIE		LEVY
1	160	NO	GIVE WAR OR DATES) 220-	24-2752	265 CEDARMERE	. MARLENE E	S MILLS M	D 21117
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (the SED BY: UND IFF ATE CAUSE (o)	ERENT IA	TED METASTA	ATIC SMALL	CELL	APPROXIMATE INTERVITWEEN ONSET AND DE
infiny, or ourse no	NOI	gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT PROGRESS	DUE TO, OR AS PROS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING SIVE MYLOPATI	SEQUENCE OF		inal disease or con	DITION GIVEN IN P	ART Tro
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [
2		210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORP	APT 21
9	N	OR CONTRIBUTING CAUSE OF D	CAIN .	19				Ant eş
9	MEDICAL		CAIN .	19	211. LOCATION STREET	CITY OR TO	wn COU	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this has	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19 FFICE, FARM, ETC.) FOR		L, to9=0	19	NIY STA
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has, sow the deceased alive a above, (1)/(we) (did) (did 211. 515.5 AT // F	pitol) ottended the deceosed from the body ofter death.	19 FFICE, FARM, ETC.) rom 8-21 19-84, one	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	L, to9=0	19	NIY STA
MATCH IN THE PARTY OF THE PARTY		(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE 21 WORK 220.1 certify that (1) (this has sow the deceased alive a cobove, (1)/(we) (did) (did) DR. H. DE	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19 FFICE, FARM, ETC.) rom 8-21 19-84, one	d that in (my) (our) opinion of	MEDICAL STAF	19	84, that (I) (we om the causes state DATE SIGNED
	230.	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive a above, (1)/(we) (did) (did 211. 515.5 AT INF	PAMPHILIS 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	rom 8-21 rom 8-21	d that in (my) (our) opinion of PHYSICIAN CARPETERS GBMC METERS BENEFIT F ASSOC.	L, to 9-0 death occurred on the do	ote and hour and from the land of the land	84, that (I) (we om the causes state DATE SIGNED 9/4/84

DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been



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MPORTANT: If them 21 is morked ar them 18 shaws any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE:

	-	STATE REGISTRAR			CERTIF	FICATE OF DEATH		2. 3	0.	, ,	
		(1.4)98 BO		MIDDLE		LAST				1	
		Victor	ria		WENC	ZKOWSKI	September	7, 198	4	9:07	' A _M
The Case of Name The Country The Count					24 HRS						
	I	Female	White	e	July	1 1911	73	of the same	DATE DATE	HOOKS	Milia.
			76. CITIZEN OF	WHAT COUNTR	Y? 8	NEVED MADDIED	9 BALTIMORE CITY O		OF DEATH		111
6			U	S.A.			Baltimore	City	- (O MD.		
					SING HOME O					F BUSINE	
1	I	Baltimore /				pital				ern	
1	USUA	AL RESIDENCE (IF NUR I TO TOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)			-			_
6		7.000	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	The same of the sa			13e.STREET ADDRESS	ratt S	t. Bal	to . 21	1231
-	_			Dartin	1016						
					rroled	2.4	WIDDIE				
J	16a V						ADDRE	SS	DI	u Z	
		YES, NO OR UNKNOWN) (IF YES, GIV					elsies 532 S	F11**	+2 boor	211	22/
						Victoria Er	skine 332 3	• Lellw			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE				ry Failuro			BETWEEN	ONSET AND	DEATH
		IMMEDIA"	CA036 10/						-		
			DUE TO, O	R AS A CONSEG	DUENCE OF	comia Autom	ionolomotio		A CANAL		
						Condinue Arter	Discretoure	,			
		couse (o), stoting the	DUE TO, O	R AS A CONSEG			r Disease		ALC: UN		
			107								
	z	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	o .	
	ATIC	190 DATE OF OPERATION	19h COND	TION FOR WHIC	TH OPERATIO	N WAS PERFORMED	70a AUTOPSY?	1206 IF YES	WERE FINDIN	IGS LISED	
5	FIC.	THE DATE OF GLERATION	1,0 00.10	MONTON WILL	LIT OF ENAME			IN CERTIFY	ING CAUSES	OF DEAT	H?
2	ERT	21. ACCIDENT WAS UNDERLYING.	7 216 TIME C	OF IN HIRY	-	1214 HOW IN HURY OCCUPE				NO L]
1	0 1				DAY YEAR	THE TIOW INDOM! OCCORP	(ENTER NATURE OF INJUI	IT IN HEM 16 PAI	RITORPARTZ)		
	CA				19	211 LOCATION					
	MED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			E. FARM, ETC)		CITY OR TO	WN	COUNTY	51	TATE
	500	AT WORK AT WORK			0 .	1 1 01		_			
		220.1 certify that X() (this haspi	Septeml	e deceased from	Sapte	mber 1, 19-84					
		above, A) (we) (did) (did no	t) view the body	ofter death.		nd that in (my) (our) opinion o	debth occurred on the do	ite and hour			ited
		226. SIGNATURE	0				MEDICAL STAI	· F	27c. DATE	SIGNED	
		Legous	loss			PHYSICIAN _			19/7	184	
		Dr. Gregory Ros	s, MD				in Square D	rive.,	21237		
		SPECIFY)			NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	51	TATE
		Burial	Sept.	10 1984	Holy	Rosary	_		timore,		Land
		INERAL DIRECTOR		ADDRESS		2077	PECO BY REGISTRAR		AR'S SIGNAT	LIRE	4
	Li	11y & Zeiler, In	nc. 190	1 Easte	rn Ave.	. 21231	# 1004	((CC)(3)	- Mariana		

DHMH - 16 50M 4/B3 (VRA 15, 4)

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		last I'E' .SE.	maj 503 3 01113

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTA	4	REG. NO	2 3	3 5	8
		CEASED NAME	FIRST		MIDDLE	WEN	ST OFROT			MONTH	S4	26 HOUR (P)
	3. SE			RACE		5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
01		Ale		White	WHAT COUNTRY	Jan.27, 1916			68 YRS. P BALTIMORE CITY OR COUNTY OF DEATH			HOURS MIN.
h		COUNTRY)	OKEIGN 78.	USA	WHAT COUNTR	MARRIE	NEVER MARRIE	ED 📙	BALTO	0. (OUN	7-4' MD
18		OWSON	ATH 11.	NAME OF	HOSPITAL, NURS	ING HOME C	HOSPIT	-01	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE	F WORKING L		Ht School tructor
36	13u. 5	AL RESIDENCE (IF NURS	13b COUNTY		136. CITY OR TO	NWN	138. INSIDE CITY LIA YES NO	_	3e.STREET ADDRESS /		1	1228
31)	14. FA	ATHER'S NAME FRST	L.	_	eroth		15. MOTHER'S MAID FIRST COTA				(A	ST
1	16a V	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRE	SS	100	
0		YES, NO OR UNKNOWN)	WW 2	AR OR DATES)	216-09-	-6063	Mrs. Naom	i L.	Wenderoth	Same	9	
	TION	Conditions, if any gove rise to improve (a), static underlying cause PART 2. OTHER SIGNATION OF THE CONTROL OF T	nediate ig the last.	(c) NDITIONS <u>C</u>	R AS A CONSEO	OUENCE OF			Falle (VEN IN PART 1	
7	CERTIFICATION	198 DATE OF OPERA	TON	198. COND	IIION FOR WHIC	-H OPERATION	N WAS PERFORMED		YES NO	IN CERTI	FYING CAUSES	
9	100	218. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW INJURY (OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18	PART T OR PART 2)	
0	MEDICAL	NOT WE AT WO	HILE I	21e PLACE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
Mary 21 19 may		22a.l certify that (I) sow the deceos above, (I) (we) (i) 22b SIGNATURE	ed afive on		19	, ar	nd that in (my) (aur) o	apinian de	to		ur and Iram the	that (I) (we) lost causes stated
7		226. PHYSICIAN'S N.	AME (TYPE OR PR	PINTI		Jon,	22e ADDRESS	CIAN 🗌	pital Tows	IAN	aryland	0/84
	3	BURIAL, CREMATION,		23b. DATE	1,4		EMETERY OR CREMA		23d LOCATION CITY OR TOWN Baltimore		COUNTY	STATE Md.
83	24 FL	Burial UNERAL DIRECTOR NAME Leonard J.		Sept.8					REC'D. BY REGISTRAR	25b REGIS		TURE J. DO

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be defliched for us with the State Dept of Her

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

A SECTION AND DESCRIPTION OF THE PARTY OF TH

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					STATE OF MARYLAND	4	109 20 2 PS
		1	FOR - STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENS 4 2	3 8 8 0
			CEASED NAME FIRST	WIDDLE	ŁAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 75. HOU
\$ 000 E		(176	E OR PRINT)	latte	Whitmire	Soutomber 0 10	
E 85		3. SE		4. RACE	5. DATE OF BIRTH	September 8, 19 6. AGE (IN YEARS LAST BIRTHDAY)	84 2:10
1 25	75	F	EMALE	WHITE	MONTH DAY YEAR 1 191	74	MONTHS DAYS HOURS
2 424	1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	BALTIMORE CITY OR COLIN	
A LEGA	00		ennsylvannia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	
1 11	57		OSSVILLE		NURSING HOME OR OTHER INSTITUTION OUTPELL HOSPITAL	12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	125 KIND OF BUSINES
A hour	35	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	JNTY 13c. CITY (OR TOWN 134 INSIDE CITY LIMITS	5? 13e.STREET ADDRESS / ZIP CC	DDE
4 4	-		ARYLAND BALT	IMORE	YES NOTHER'S MAIDEN	1319 Spring	venue 21237
ond 2	30		Harry	Robbii			Frank
on put	9		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO. 17 INFORMANT	ADDRESS Ba.	dwin, Md. 21
8 50	ē/		No No		-30-8820 Mrs. Charle	ne E. Berk 1/1520	Green Rd
Deer separes that the separed by the perior to be self or one miury, or oth	ony mury, or other	CERTIFICATION		ma of the lun	IG TO DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO NO
A STATE OF	6	RTIF		05 14 11 12 1	71r HOW INTURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM II	
physic netkuth of-tront tol Hyg	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR		
Pervision of the burning Merchant		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
On # 8 #	-	1	AL WORK	ortal attended the deceased	from August 28 19.8/	September 8	., 19.84, that (14.00)
会る を 3 元 1		-	sow the deceased glive of	September 8	I from August 28 19.84 19.84 , and that in (my) Our Japin	on death occurred on the date and h	our and from the causes stat
TENDS dol e- dol			above, (I) N/e) (did 7 did n	or view the body offer death	or once		22c. DATE SIGNED
ATTENDO BOSPIO O BCTOR Al BCTOR Al BCTO			ERB. GOGN. TOTAL SOTTE:				
the hospital or the hospital o			AND	a		MEDICAL STAFF N DIRECTOR PHYSICIAN	9/8/84
PITAL OR ATTENDING IN SERAL DIRECTOR At the denothed for use of state dept of Health	1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS	DIRECTOR PHYSICIAN	9/8/84
HOSPITAL OR ATTENDED IN THE ADDITION OF PLINERAL DIRECTOR AT MINE AND DESCRIPTION OF THE STORE OBEY, OF HEADING AND ATT AT A STORE OBEY, OF HEADING AND A STORE OBS.	1		ANM	OR PRINT) OUNS	27e ADDRESS 9000 Fra	anklin Square Dr.	9/8/84
58 581	/	230.	22d. PHYSICIAN'S NAME (TYPE	OUNS	276 ADDRESS 9000 Frs 136. NAME OF CEMETERY OR CREMATO Gardnes of Faith	anklin Square Dr. RY 23d LOCATION CITY OF TO Baltime	9/8/84 21237 ore; Maryland
Bh TO HOSPITAL OR ATTENDED BY the hospital or and the hospital or shauld be denothed for use or the the solid by the hospital or the party of the pa	-	B	77d PHYSICIAN'S NAME (17PE BA Y/N BURIAL, CREMATION, REMOVA	OUNS 123b. DATE 9-11-84	276 ADDRESS 9000 Frs 136. NAME OF CEMETERY OR CREMATO Gardnes of Faith	anklin Square Dr. RY 234 LOCATION CHYOR TO BALLTIME	9/8/84 21237 ore; on Maryland

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		OR PRINT)	A1				*	20 DATE OF DEATH	MONTH DAY		10:10 _M		
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		Female	White					51		VIHS DAYS	HOURS MIN.		
11								9. BALTIMORE CITY O	R COUNTY O		137		
25			US	SA				BALTIMOR	E COUN	ITY	MD.		
1	10. CI	TY OR TOWN OF DEATH			T ADDRESS)			120 USUAL OCCUPAT	ON OF WORKING LIFE)		F BUSINESS OR		
70						LES ST		Cashier-C	lerk	F	Retail		
36	13a S	STATE 13b. CC	UNTY	13c. CITY OR TOV	WN					210	030		
100		THER'S NAME		140				NE .	CII ICG				
30	W			Merry	man, S	r. A	lverta		eal				
1				166 SOCIAL SEC	URITY NO.	17 INFORMAN	NT .	ADDRI	ESS				
			-	215-30	-7568	James	I. Wi	ggins, 50	3 Warr	en Ro	21030		
		18 CAUSE OF DEATH (Ente	anly one couse pe	er line for (o), (b), or	nd (ct.)	V ADDE	CT.			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
	20		DUE TO, C	OR AS A CONSEQUE	REBR	AL HEM	ORRHA	GE		0.174			
		gove rise to immediate	(b)_		7.0								
	17		DUE TO,	MALIGNAL	TE BR	AIN TU	MOR						
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	nal disease or con	DITION GIVEN	IN PART 10	O I		
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-	ICA I	190 DATE OF OPERATION	196. CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?					
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4			110110		AY YEAR	Zit. HOW INJ	URY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM TO PART	I OR PART 2)			
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	MEC				FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE		
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		sow the deceased alive	on 0/0	2 19	84 , or	nd that in (my) (our) opinion d	eath accurred on the de	ate and hour a				
			TIOT VIEW THE BOOK	y difer dedin.	× 100					22c. DATE	SIGNED		
		Deane		asmo		MD A		MEDICAL STA		91	2/84		
1		DIANE PAP	PAS, M	D		'GBMC	6701	N. CHARLE					
REGISTAR I. DECEASED PAME I.			STATE										
	B	urial	9/5/	84 P	oplar	Grove		Phoenix	Ba	lto.	Md		
3		NAME ONA	iten Dale	WATADDRESS			000	-	256. REGISTRA	R'S SIGNAT	ure		
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DHMH - 16 50M 4/B3 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND

DED A DESCRIPTION OF HEALTH AMID MENTAL HYCHRIES

ı	V	FOR STATE REGISTRAR			DEPARTA	CERTIF	ENTAL HYG	REG. NO.							
		CEASED NAME	FIRST	٨	WIDDLE	į.	AST		20. DATE O	F DEATH	MONTH	DAY	YEAR	26 HOL	JR
	,		CHARLES	S WE	SLEY	WILSO	N				09	20	84	3:5	O Bu
1	3. SEX	(4 RACE		5. DATE C		YEAR	6 AGE (IN	YEARS LAST BI	(YAOHTS	MONTH	DER I YEAR	IF UNDER	R 24 HRS MIN.
1		MALE		WHI	TE	11	03	05		78	YRS		DATS	HOURS	MIN.
-		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER M	APPIED	9. BALTIMO	RE CITY C	OR COUN	TYOF	DEATH		
5		ARYLAND		U.S	S.A.	WIDOWE		ORCED [BAL	TIMOR.	E COU	NTY			MD.
	10. CT	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTI	TUTION	12a USUAL				b. KIND C	F BUSINI	ESS OR
1		BUTUS		1100	PLOVER DE	RIVE,	21227		PLANT				TELE	PHON	E CO
5	13a. S	AL RESIDENCE (# TATE RYLAND	13b. COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOW ARBUTUS		13d INSIDE CIT	IY LIMITS?	13e STREET 1100	ADDRESS PLOV			, 21	227	
	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME	MIDDLE			LAS	T.	
		JOHN	_	٧.	WILSO	N	IVA			***************************************			FIN		
	{Y	VAS DECEASED E res, no or unknown NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 212-03-0		17 INFORMAN	A. WI	LSON 1	ADDR 100 P		R_DR		212	27
		18 CAUSE OF D PART I. DEAT	TH WAS CAUSE	lly one cause per D BY: TE CAUSE (a)	line for (o), (b), and	isd	iac	Br	rest	2			BETWEEN	MATE INTE	PVAI DEATH
		Canditions, if gave rise to couse (0), s underlying c	immediate	(b)_	R AS A CONSEQUE	In	& C4	sc12	2022	9	Sala	10	3)	16	url
	z	PART 2 OTHER	SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	DE ATH BUT	NOT RELATED	TO THE TERM	AIN AL DISE AS	SE OR CON	IDITION	SIVEN IN	N PART 10	a	
7	CERTIFICATION	19a DATE OF OP	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUT	OPSY?	IN CER		RE FINDI		TH?
7		210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY	_	VIH	M. MONTH DA	AY YEAR	21c HOW INJ	URY OCCURI	RED (ENTERN	ATURE OF INJU	JRY IN ITEM I	8 PART (OR PART 2)		
	MEDICAL	VHILE NO	OT WHILE	21e PLACE (OF INJURY REET FACTORY OFFICE F	ARM ETC)	TILLOCATION STREET	Ν		CITY OR TO	OWN		OUNTY	1	STATE
		saw the de obove, (I) (v	ceased alive an		e deceased from	, an	id that in (my) (aur) apinion			lote and h	oui ond	from the	causes st	ated
		226 SIGNATURE	olfre	en J.	Cole.	m-1		ITENDING HYSICIAN &	MEDICAL DIRECTOR	STA			221. DATE	SIGNED 211	194

23ª BURIAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

COUNTY STATE

ENTOMBMENT

(SPECIFY)

74 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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25a. DATE REC'D

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If hem 21 is

23d. LOCATION BALTIMORE CITY

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

LOUDON PK. MAUSOLEUM 21229 250 DA



Leonard J. Ruck, Inc. 5305 Harford Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

a Davidson-Randolle

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

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Harial Sylves Holymore Tw.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	o. 3	0 0	1
	CEASED NAME FIRST OR PRINT) MARIE	٨	C.	WIS	EMAN	20. DATE OF DEATH	MONTH DAY	184	26. HOUR 200
3 SE)	Fema l e	4 RACE White	e	5. DATE C	ch 4, 1906	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a BI	RTHPLACE (STATE OR FOREIGN Maryland	U.S.A	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O	R COUNTY O		MC
	TY OR TOWN OF DEATH Fullerton		HOSPITAL, NURSIN H FACILITY, GIVE STREET A LICKS SCHOOL	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER		126. KIND O INDUSTRY	OF BUSINESS OR
13e. S	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU aryland Bal		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Fullerto	N	13d. INSIDE CITY LIMITS?	13° STREET ADDRESS . 4935 Bucks	ZIP CODE School	2123 house	37 Road
	THER'S NAME FIRST William VAS DECEASED EVER IN U.S. A	MIDDLE	Frank 166 SOCIAL SECU	DITY VIO	IS. MOTHER'S MAIDEN NA FIRST Annie 17. INFORMANT	ME MIDDLE	35	Clar	rk
		IVE WAR OR DATES)	219-34-2		Mrg. Doris Ro				1237 ise Road
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	(c) CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, V	VERE FINDIN	
CERTIFI	210. ACCIDENT WAS UNDERLYING	21b. TIME O		Y YEAR	21c HOW INJURY OCCUR	YES NO	YES [NO []
MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.J	М.	19	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220. I certify that (I) (this has sow the deceased alive above (I) (Me) (did) (and no 22b. SIGNATURE	0 1	1-	- 1	nd that in (my jour) opinion DEGREE ATTENDING PHYSICIAN	deoth accurred on the d	FF		
	22d PHYSICIAN'S NAME (TYPE Benjamin	K. Yorko	tt		22e ADDRESS	Road 21204			3/0
	BURIAL, CREMATION, REMOVA Burial	236 DATE 9-21-			EMETERY OR CREMATORY of Faith	23d LOCATION CITY OR TOWN Baltimore		imore	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 2 1 1001 Junia Duridson France

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24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co.

4905 York Ro ad Balto., MD 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

8:27

HOURS

12h KIND OF BUSINESS OR

Own Home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

 MD^{STATE}

STATE

IF UNDER 24 HRS

1984

IF UNDER 1 YEAR

County

INDUSTRY

Macgill

Same

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA TORE

COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

REGISTRAR

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THE ENGLISH . Marine The Control of the Party and Secretary - STATE

1. DECEASED NAME

REGISTRAR

REG. NO. 20 DATE OF DEATH 7b. HOUR September 23 3:55p.1984 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife 13e STREET ADDRESS / ZIP CODE 4243 Elsa Terrace 21211 MIDDLE Crabster ADDRESS Mr. Robert Woodside 804 W. 34th St. 21211 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

NOX

CITY OR TOWN COUNTY

STATE

22c. DATE SIGNED DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Baltimore DABY REGISTRAR 256/REGISTRAR'S

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

DHMH - 16 50M 4/83 (VRA 15, 4)

Maryland

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STATE OF MAKTLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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within 24 hours ofter death. Page

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS **CERTIFICATE OF DEATH**

10	

3 8

1.05	REGISTRAR CEASED NAME	FIRST		WIDDLE			ICATE OF	DEATH	1 DATE	REG.	NO.	DAY	YEAR	I at 110110		
	E OR PRINT)						.631		Zo. DATE C	JF DEATH	MUNIH	DAT	TEAR	2b. HOUR		
		Willi		Dale	V	RIGHT	C		Sent	ember		1984	1	4.502 4		
3 SE			4 RACE			5. DATE C			6 AGE IN	YEARS LAST	IRTHDAY)		DER I YEAR	IF UNDER 24 HRS		
1	Male		Whit	te		Dece	ember	5,1911	7	72	YRS	MONTH	DAYS	HOURS MIN.		
7a. B	70. BIRTHPLACE (STATE OR FOREIGN 76			CITIZEN OF WHAT COUNTRY? 8		8	ARRIED NEVER MARRIED		9. BALTIM	ORE CITY		TY OF DEATH				
0	aryland	77 0 2					NORCED	Baltimore County MD								
10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITA					ITAL, NURSING HOME OR OTHER INSTITUTION LITY, GIVE STREET ADDRESS)			120 USUAL OCCUPATION 126. KIND OF BUSINESS OR							
	altimore		Franki	lin Sq	uai	re Ho	ospita	al	Coor	dina	tor		dustry Truc	cking		
130.	AL RESIDENCE (IF NE	13b. COUN	ITY	13c. CITY OR	TOW	N	13d. INSIDE	CITY LIMITS?	13e.STREET							
_	aryland	Balt	imore	Whit	e I	Hall	YES 🗌	ио ⊠		32 V€	rnon	Rđ	. 21	1161		
14. E/	ATHER'S NAME		MIDDLE	1.85	ī		15. MOTHER	S MAIDEN NA	WE	WIDDLE			LAS			
	William Perdue Wright Blanche								Baim							
	WAS DECEASED EVE		MED FORCES?				17 INFORM	ara W.	Kalon	ADD	2018	Gu	m Ti	cee Ter		
	no	14 165 61	. WAR ON BATES,	218-1	8-5	5297	Daine	ara w.	narei.	idex	Bel	Air				
	18 CAUSE OF DEA	TH (Enter on	ly ane cause p	d (cs.)					-		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH				
	PART I. DEATH	WAS CAUSE	BY: F CAUSE (a)	Broncho	opn	eumon	ia									
		DIOTECTA		OR AS A CONS												
	Canditions, if ar	y, which	,	Cerebr												
	gave rise to in	nmediate)													
	Cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (c) Metastatic poorly differentiated carcinoma to PART 2 OTHER SIGNIFICANT CONDITIONS CONTROL TO THE TERMINAL DISEASE OR CONDITION GIVEN								td							
												I PART Lo	· · · · · · · · · · · · · · · · · · ·			
NO			_	COL CIVE.	1 I U	****										
CERTIFICATION	19a DATE OF OPER	ATION	19b CON	DITION FOR W	HICH	OPERATIO	N WAS PERF	ORMED	20a AU	TOPSY?	20b. IF Y	ES, WER	RE FINDIN	IGS USED		
Ĕ									YES 🔽	поП		YES	CAUSES	OF DEATH?		
8	210. ACCIDENT WAS U	NDERLYING		OF INJURY			21c. HOW II	NJURY OCCUR	RED (ENTER+	NATURE OF IN	JURY IN ITEM 1	PARTIO	RPART 2)			
	OR CONTRIBUTING		100	A.M. MONTH	DA											
MEDICAL	21d. INJURY OCCU			P.M. E OF INJURY		19	211. LOCATI	ON								
ME		WHILE [STREET, FACTORY, OF	FFICE, FA	ARM, ETC }	STREE			CITY OR	OWN	C	VINUO	STATE		
	AT WORK AT W	ORK -														
	220.1 certify that	I) (this hospi	ol) ottended	the deceosed for	rom_	Augus	t 21	19-84	to -S	eptemi	ber 1	3 19-8	4	that (I) we hist		
	saw the dece abave, (1) (we)	(did) did no	Septen	ber 16 y affer death.	19.8	4 , ar	nd that in (my	tour apinian	death accuri	red an the	date and h	our and	from the	couses stated		
	226. SIGNATURE		11	1 -			DEGREE					2	2c. DATE	SIGNED		
	tred 1 yesso				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/16/84											
1	22d. PHYSICIAN'S	IN'S NAME (TYPE OR PRINT)				27e ADDRESS										
	Fred Dressler M.D.					9000 Franklin Square Drive 21237										
	BURIAL, CREMATION	, REMOVAL	236 DATE				EMETERY OR	CREMATORY	23d LOC	ATION		rou	NIY	CTATE		
	Burial		Sent.	19,84	Ve	ernor	1 Ceme	eterv	Talle	to H	211	P-1	timo	re, MD		

24 FUNERAL DIRECTOR Hartenstein, New at Pranklin Freedom, PA (VRA 15, 4)

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corbanpapes with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or removal.

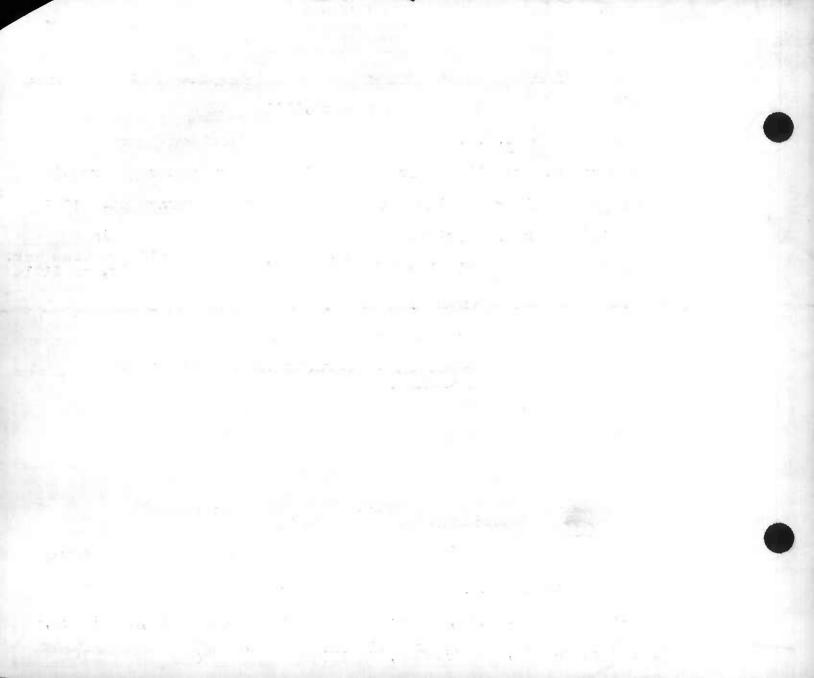
TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the hospital

BP.

ottending physicion and completely filled in by the funeral director, page 3 love corbonpapers. Pages 1 and 2 should be filed within 72 hours ofter death

Protified at once.



Mitchell-Wiedefeld Home 6500 York Rd.

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0.13

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

f	1-	STATE REGISTRAR				CERTIF	FICATE OF DEATH	0 4	REG. NO).			
		CEASED NAME OR PRINT)	IRST /R	ING	LOUIS	Y	ANIGER	2a. DATE C	FDEATH A	9-28	7-84C	83	1
		ALE		4. RACE WHIT	Е	5. DATE O	T. 22, 1932	6 AGE (IN	51		UNDER I YEAR	HOUR N	HES.
)	M	RTHPLACE (STATE OR F		USA	WHAT COUNTRY?	WIDOW			BALTIM	ORE COL			MD.
5		RANDALLST	OWN	BALT	IMORE COL	JNTY (GEN. HOSP.	LINDS OF MIC	NIST/			PAPERS TONCO	OR
5	13a. S M	ARYLAND	13b COUN		13c. CITY OR TOW BALTIMOR	/N	13d. INSIDE CITY LIMITS?	4904	OLD CO	ZIP CODE OURT RI).	#21133	3
30	I4 FA	WALTER		MIDDLE	YANIGER		IS MOTHER'S MAIDEN NA LILLIAN	J	WIDDLE		ERLIC	ST CH	
1	16a V	vas deceased ever yes, no or unknown) ES		E WAR OR DATES)	218-28-4		17 INFORMANT MR 4904 OLD COUR			E YANIO	WN, MI	211:	33
9	MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), statin underlying couse PART 2. OTHER SIGN PART 2. OTHER SIGN 19e. DATE OF OPERAL 21e. ACCIDENT WAS UNE OR CONNRIBUTING CITY (IF EITHER NOTIFY MEDIX 21d. INJURY COURT AT WORK NOTIFY MEDIX 22a L certify that (I) saw the decease abave, (I) (we) IS	which nediate g the lost. WIFICANT (CAUSE OF DEALERAMINER RED)	DBY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c) The Solution of the solution	R AS A CONSEQUION RAS A CONSEQUION REST. FACTORY, OFFICE,	ENCE OF	NOT RELATED TO THE TERM RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 211. LOCATION DEGREE DEGREE DEGREE ON THE TERM AND THE TERM OF	ANAL DISEA 20a AUT YES RED (ENTERN	SE OR COND	20b. IF YES, V IN CERTIFYIN YES [YIN LIEM 18, PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we)	last
T		228 PHYSICIAN'S NA	B.	0	AN, ND		BCG4-RA	HUDAU	R PHYSICI	IAN D	. 2	1133	4
	23n F	RUPLAL CREMATION	DEALOWAL.	23h DATE	1 23, 1	NAMEOFO	EMETERY OR CREMATORY	234 100	ATION				

MPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumotic event, the medical examiner must be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

etained by the hospital or ottending physicia

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 9/30/84 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

OHEB SHALOM MEM. PARK

REISTERSTOWN

BALTO. MD

OCT 3

6010 REISTERSTOWN RD BALTO. MD 21215

1984

MUMIC LIVE YAM GEK The state of the s THE ROBBINS OF HER DISCOURTED BY CHE TO STATE TO STATE OF THE PARTY ASE BURNEY & CENTRAL RED BEECH - - HOUSE HAVE BURNEY BURNEY LINES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

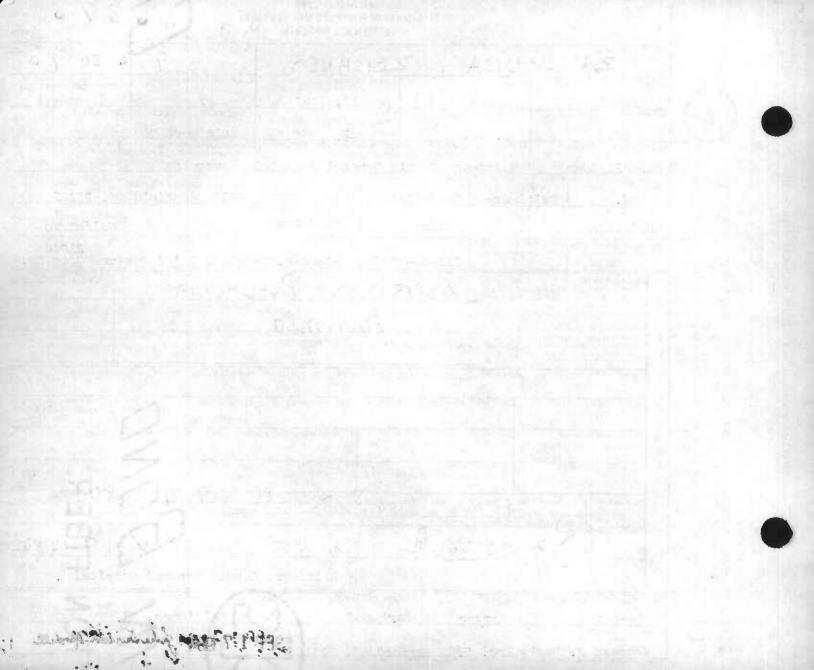
- STATE

(VRA 15, 4)

REGISTRAR

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	1					STATI	OF MARYLAND			43	1 1	
	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	0 "	2 3 S. NO.	Ö	1	1
e wŧ		CEASED NAME OR PRINT)	FIRST	UISA	AIDDLE	751	CHUER	20. DATE OF DEAT	Н монтн		PU 2b.	HOUR
may be page 3 r death	3. SE			RACE	T.		OF BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER	TYEAR IF	UNDER 24 HRS
4 25	. female 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)			white		May		93	YRS	MONTHS	DAYS	DURS MIN
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0 03	10 C	TY OR TOWN OF DEATH	1 11	. NAME OF I	OSPITAL, NURSIN		NOTHER INSTITUTION	120 USUAL OCCU				JSINESS O
2 g 10 g		ndallstown		Baltim	ore Count	ty Ger	neral Hospita.					
t hours	USU. 130. S	AL RESIDENCE (IF NURSING	BL COUNTY	HER INSTITUTION	136. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CO	DE		
filled hould			Balti	more	Randall:	stown	YES NOXX	6811 Car	mpfield	Rd.	2120	7
A See Level		THER'S NAME	MIC	DLE	IAST		catherine	ME	LE		LAST	
d & S		ristian	LILE ABOUT	DEODGESS	Miller	OLI VIII	17 INFORMANT	14	DDRESS	WOJ	lferm	an
Poges		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		215-66-6		Elmer R. Z					e La.
ppers.		18 CAUSE OF DEATH	Enter only	one couse per	line for (a), (b), an	d (c).)	D. 5			86	APPROXIMAT	E INTERVAL ET AND DEATH
g physic conpape removal event, t	1	PART I. DEATH WAS	MEDIATE		ASYL	KAT	ION VNE	UNONI	A.		010	
oric oric		DUE TO, OR AS A CONSEQUENCE PA										
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by the ose ren I, crem ather		couse (ol), stoting the underlying couse lost										
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been signe rmit. Then p prior to bur ony injury,	ATION	190 DATE OF OPERATION	N	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE	FINDING:	USED
nsit perr	L CERTIFICATION	10 10 12						YES NO!		TIFYING C		NO [
DE HE		210. ACCIDENT WAS UNDER	USE OF DEATH	216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR P	ART 2)	
buriol buriol Mente or Hen	MEDICAL	21d. INJURY OCCURRE		P. 21e. PLACE	OF INJURY	19	211. LOCATION	Latin Day		COU		STATE
the the	×	WHILE NOT WHILE		(AT HOME STR	EET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY	ORTOWN		NIT	STATE
or of se os se os eolth o mork		220 I certify that (I) (this hospital) attended, the deceased from 8 - 26, 19 - 9 - 14 , 19 - 14 , 19 - 14 , 19 - 15 , that (I) (we) los										
for cof H		saw the deceased alive an 19 54, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (dia) (did not) view the body after death.										
the hosp L DIRECT stacked for e Dept of them 2		DEGREE OF ATTENDING MEDICAL STAFF OF LIFE SIGNED										
FUNERAL I		PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYS										
TO FUNERAL should be detroined by the Stote with the Stote			//				Baltimore			Hospi	tal	
		BURIAL, CREMATION, RE	EMOVAL	23b. DATE	23 c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOV		COUNT	Υ	STATE
BP		Burial		9/17/8	4 P.	arkwoo		Baltin TE.RECID. BY REGIST	more,		ICNATURE	
AH - 16 50M 4/83		UNERAL DIRECTOR			ADDRESS		SF		MARIND KEG	Ludo	CHATORE	Less
(VRA 15, 4)		Leonard J.	Ruck,	Inc.	5305 Harf	ord R	d. 21214 DL	- 1 1304	0			



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH 2h HOUR MONTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINES HOMEMAKTNG 21206 13e STREET ADDRESS / ZIP CODE 4604 Marx Ave. Balto. Md. Raldwin 21206 ADDRESS Walter Zimmerer 4604 Marx Ave. Balto., Md.

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

22c. DATE SIGNED

23¢ NAME OF CEMETERY OR CREMATORY Holly Hills Cemetery

23d LOCATION

24 FUNERAL DIRECTOR

FOR

REGISTRAR DECEASED NAME

- STATE

230 BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

9-8-84

CITY OR TOWN Beltimore W Maryland

230 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

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- 1	1	FOR	-	1		OF MARYLAND	0	7 13	79		
1	1-	STATE REGISTRAR		DEPARIM		EALTH AND MENTAL HYGI	Sang Goo	2 0			
	1. DE	CEASED NAME FIRST	MIDI	DLE	L.	AST	REG. NO		YEAR 2b	HOUR	
	(TYPE	CRPRINTILAWRE	NCE	J. Z.	INM	OFK SR.	SEPTER	NBER	5,1984	7:00m	
	3. SE	× -////	I. RACE		5. DATE C	T WHILE THE	6. AGE (IN YEARS LAST BIRT	HDAY) IF U		UNDER 24 HRS	
- 0		MALE	CAUCAS	SIAN	Fe	b. 15. 1920	64	YRS.	THS DAYS HO	DURS MIN.	
2/		RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WH	HAT COUNTRY?	8	NEVER MARRIED	- BALSIMORE CITY O	COUNTY OF	DEATH	. 71	
0	Ma	aryland	U.S.A		WIDOWE	D DNORCED	12HL71	MORI	= Co	/N/1/6	
notitied	10 C	OWSON	A/N	TJOSI	EP/	HOSPITAL	(TYPE OF WORK FOR MOST OF Self Emplo	WORKING LIFE)	industry Grocery		
à l		AL RESIDENCE (IF NURSING HOME OF C		VE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	2111	1	
E)		Maryland //	1 1 1	Monkton	ton	YES NO 🛣	17052 Troye		Monkton	.Md.	
E/2	14. FA	ATHER'S NAME	NDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST		
3	_	Lawrence		mek Sr.		Josephine	ADDRE	Knasi			
o dico			WAR OR DATES)	b. SOCIAL SECUE		17 INFORMANT				111	
he a	-			218-05-57		Mildred Ziome	ek,17052 Tro	yer na			
ent, +	100	18 CAUSE OF DEATH lEnter only one couse per line for 101, (b), and (c).) PART I. DEATH WAS CAUSED BY: 1. DEATH WAS CAUSED BY: 1. DEATH WAS CAUSED BY:									
9		IMMEDIATE		VERI	100-		·				
8		Conditions, if any, which	DUE TO, OR A	A CONSEQUE	D M	sible fee	wo ME		(a.11.14)		
- t-		gave rise to immediate couse (a), stating the	DUE TO OR A	AS A CONSEQUE	/			4			
to a		underlying cause last.	(c)	S A CONSECTOE	4CE 01						
ry, a	7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN	IN PART 10		
<u> </u>	CERTIFICATION		The government		2050 - 710		Too water one	lon to use the	EDE EN ID II I I		
No on	PIC.	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	JPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYIN	ERE FINDINGS	DEATH?	
è /	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF II	NJURY		21c. HOW INJURY OCCURR	YES NO	YES [10 🔲	
8 E		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	MONTH DA	Y YEAR	0.50 3470					
E T	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF			211 LOCATION			COUNTY	STATE	
ked	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET	I, FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TO	VN.	COUNTY	STATE	
S	18	22a certify that (this haspite			9.	-5-84 19	_, 10 9-5	-84 19	, that	(we) last	
21	3-	sow the deceased alive on above, (i) (we) (did) (did not	view the body of	ter death.	, an	nd that in (aur) opinion d	eoth accurred on the da	te and hour an	d from the cous	ses stated	
T e		22b. SIGNATURE	9		-	DEGREE	MEDICAL STAF		22c. DATE SIG		
z /		910	ega-			M. D. PHYSICIAN [DIRECTOR PHYSIC		9/5/84		
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		Specify) Burial	9/8/84			nislaus Cemete	CITY OR TOWN	no Mai	YINUC	STATE	
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83	Ge	orge A. Weber &	Sons Inc	705 S.	Ann S	St. 21237 SEP	6 1984	· arriga	Ison-Rand	leee	

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